

DOCUMENT RESUME

ED 104 035

EC 032 628

TITLE Scouting for the Physically Handicapped.
INSTITUTION Boy Scouts of America, New Brunswick, N.J.
PUB DATE 71
NOTE 100p.
AVAILABLE FROM Boy Scouts of America, New Brunswick, New Jersey
 08902 (No. 3039, \$1.50)

EDRS PRICE MF-\$0.76 HC Not Available from EDRS..PLUS POSTAGE
DESCRIPTORS Exceptional Child Education; *Hobbies; Males;
 National Organizations; *Normalization (Handicapped);
 Physical Activities; *Physically Handicapped;
 *Recreational Programs
IDENTIFIERS Boy Scouts of America

ABSTRACT

Designed to assist Scout leaders working with physically handicapped boys, the booklet offers ideas for program content and for aiding the handicapped boys in Boy Scout advancement. How Scouting can help handicapped boys physically and emotionally, and what the Scout leader should know about a boy's handicap are discussed. Suggestions are made for leading an all-handicapped unit and for leading a nonhandicapped unit containing one or two handicapped boys. Suggestions concern program planning, level of activity, help from parents, how to deal with physical activities and sports, and how to help handicapped boys meet the advancement requirements in Scouting. Information on equipment and appliances often used by the physically handicapped is given, and some of the common physical disabilities which the Scout leader may encounter are described. (KW)

SCOPE OF INTEREST NOTICE

The ERIC Facility has assigned this document for processing to:

EC

CE

In our judgement, this document is also of interest to the clearinghouses noted to the right. Indexing should reflect their special points of view.

Scouting for the Physically Handicapped

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

ED104035

PERMISSION TO REPRODUCE THIS
COPYRIGHTED MATERIAL BY MICRO-
FICHE ONLY HAS BEEN GRANTED BY
Boy Scouts of

America

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

BOY SCOUTS
OF AMERICA

FOREWORD

This booklet is designed to help Scout leaders in working with handicapped boys. The new leader will find here many time-tested ideas for program content and for aiding boys in Boy Scout advancement. He will also find, we hope, encouragement if he is approaching his new job with fear of failure.

The veteran leader of handicapped boys may get renewed inspiration from the success stories of other Scout units and perhaps some ideas for working with his unit that are new to him.

Parents of handicapped boys may profit from this booklet, because it attempts to explain how Scouting can help their sons. Some of the suggestions for aiding handicapped boys in advancement may also be helpful to parents.

Finally, handicapped boys will benefit because, through the work of leaders and parents, they can be Scouts. They will be able to say, "Yes, I can be a Scout. Yes, I can advance. Yes, I can be like other boys."

The emphasis in this booklet will be on boys with physical disabilities, excluding blindness and deafness. Leaders whose Scout units have a wide variety of handicaps will want to read *Scouting for the Visually Handicapped*, No. 3063, and *Scouting for the Mentally Retarded*, No. 3058.

Scouting Is For All Boys



\$1.50

Contents

Introduction 4

Why Scouting for the Handicapped Boy? 6

What You Should Know About His
Handicap 16

The Boy in a Nonhandicapped Unit 22

Leading an All-Handicapped Unit 30

Aids to Advancement 46

What You Should Know About His
Equipment and Appliances 62

Common Disabilities 76

Appendix 91

—Checklist of Abilities and Limitations 92

—Resources for Working With the
Handicapped 94

—Organizations for the Handicapped 95

Rewards Beyond Riches

So many people have said to me, "Boy, I couldn't do what you're doing, leading a troop of handicapped Scouts. It's way beyond me; I don't have that kind of skill or that kind of patience." The big, staggering fact is that it doesn't require that. The kids are so normal, it's almost funny.

— Scoutmaster of troop of physically handicapped Scouts



Introduction



The troop lines up smartly for the opening ceremony, moving into place at a leader's silent signals. The scene is routine, repeated tonight in thousands of cities and towns across America. The flag ceremony is the same, the salute is the same, the Scout uniforms are the same.

But there is a difference here. Three Scouts are in wheelchairs, one has only one arm, another lists on uneven legs, one has withered arms ending in fragile fingers, one has a deathly pallor, another twitches and grimaces as the pledge of allegiance is given.

In front of them stands a man, their Scoutmaster. A saint, perhaps? Maybe a physician or a physical therapist? Who else but a saint or a medical professional would try to lead this unpromising looking troop?

It seems obvious that this bunch can't be *real* Scouts, right? Can you imagine them on a hike or in camp?

Well, the fact is that they *are* real Scouts and they *do* hike and camp. What's more, they're as good at it as the average troop.

And their leader is not a saint. He's probably not a physician or a physical therapist, either. He might be an engineer, a carpenter, a machinist, or an accountant. He might have any one of a thousand skills, but the chances are that he has no special training or special expertise for working with handicapped boys. He is a man like you who believes in boys—all boys—and believes that they can benefit from Scouting.

But doesn't a leader of a unit of physically handicapped Scouts have problems? Of course he does. Because the boys' bodies are impaired in some way they cannot do some things as quickly as boys who have no handicaps. But they *can* do them—nearly everything all other boys do.

Says a Scoutmaster who has led an all-handicapped troop for several years: "Any guy who can lead a regular troop of boys can lead a handicapped troop—if he *wants* to do it, that is. If he hates the whole idea, that's something else again, but he doesn't have to be a doctor or a psychiatrist or a therapist or any of these things."

But doesn't he have to have a great deal of patience?

"I don't know if that's true or not," the Scoutmaster replies. "You adjust to their pace. You know a handicapped boy isn't going to leap up the stairs six at a time, and once you've adjusted to that idea then it all assumes a new kind of normality."

Any man or woman who has been a leader of Cub Scouts, Boy Scouts, or Explorers knows the satisfaction that comes from watching boys have fun, learn new skills, and grow in body, mind, and spirit. This satisfaction is the reason that hundreds of thousands of men and women have given a great deal of time to Scouting with no thought of other reward.

For men and women who lead handicapped Scouts, the satisfaction is doubled, redoubled, and then squared. "In 30 years of Scouting," says one such leader, "I have never had as satisfying an experience as I did in leading handicapped children."

Another declares, "Working with handicapped boys is more satisfying than working with normal kids because they are so much more appreciative. I don't mean that they come up and thank you all the time. But whatever is happening, they enjoy it so much more and they get so much more out of it."

The leader's reward may be a new light in the eyes of a Cub Scout who is chained to a wheelchair by muscular dystrophy. Or it may be the sudden recognition by a boy with a deformed arm that he *can* tie a square knot, light a fire, or cook breakfast. Or the fleeting smile on the usually tense face of a cerebral-palsied boy as a gentle breeze wafts through the campsite on a summer day.

These are rewards beyond riches.

chapter 1



Why Scouting for the Handicapped Boy?

*The handicapped child has a right
to grow up in a world which does not
set him apart, which looks at him
not with scorn or pity or ridicule
but which welcomes him, exactly as
it welcomes every child, which
offers him identical privileges
and identical responsibilities.*

**—White House Conference on Child
Health and Protection, 1931**

In one sense this chapter heading is a foolish question, for if we assume that Scouting is good for boys, then clearly it must be good for handicapped boys. They are "different," they are handicapped—but first and foremost, they are boys. Therefore, Scouting is good for them.

But the demonstrated fact of the matter is that Scouting is even *better* for handicapped boys than for their brothers. Listen to an experienced leader speaking about the values of Scouting for a boy in an all-handicapped unit:

"He certainly appears to appreciate Scouting more. I suspect that he appreciates almost anything more—not just Scouting. A trip to the circus, for example. Because his normal life is so restricted—in many cases, at least—whatever he gets special or different means that much more to him. A handicapped Scout enthuses over singing a song or making a cheer, passing a test, or going on a little trip twice as much as the normal kid who's been doing these things all his life. For many of these kids it's the first time they've ever had a normal peer group and were able to be on a par with everyone else. Many of them go to a special school, or they have a tutor come to their home, but here at last they're with a bunch of other kids who have some problems just like themselves. They're all in the same boat. This doesn't happen in school or in church, and they can't run out and play with the gang after school. So Scouting—or it could be some other organization like the YMCA—is just the first big deal they've ever had. And Scouting is able to capitalize on this and do a lot for them, I think."

Aside from giving a handicapped boy a gang to belong to, Scouting has other values. In her book *Recreation for the Handicapped*, Dr. Valerie V. Hunt summarized these values thusly:

"1. Scouting is geared to the abiding interests of youth; participation in Scouting means something to boys and girls. Disability does not change a child's interest but it often keeps him from participating.

"2. The fact that Scouting is a worldwide movement gives breadth and depth to belonging to a Scout group; this is important for the disabled, whose universe is often confined.

"3. Scouting is based upon the high ideals and purposes that are necessary to rich living in a social world. The disabled are susceptible to social retardation.

"4. Scouting has a strong dedication in service to others and to community, service that is essential to a meaningful life. Service to others gives a sense of personal worth to the disabled, who in the nature of things have been more often the recipients than the dispensers of service.

"5. Scouting permits disabled children to work closely with other boys and girls toward common ideals and goals. Controlled experiences in Scouting activities are rewarding to disabled Scouts in their life with the 'normal.'"

Needs of the Handicapped Boy

The handicapped boy is much more like other boys than he is different. In extreme cases, he may be almost totally incapable of doing things that others can do, but his basic needs and desires are the same.

It is essential that Scout leaders understand this point, since most handicapped boys want Scouting exactly as it is given to all others. Therefore, Scouting for the handicapped is not something different—it is the same program, undiluted and unchanged. Obviously some alterations of methods are necessary, but the essence of Scouting should be the same for the handicapped as for any other boy.

But while the handicapped boy's needs and desires are the same as any other boy's, his opportunities for satisfying them may be very meager. If he spends nearly all his time away from other children, he will not be able to satisfy his social urge. If he is severely incapacitated and cannot play active games, his boyish passion for movement, action, and competition is unsatisfied. And so these needs, while similar to those of other boys, are even more pressing because they are so unmet. Scouting cannot enable a badly crippled boy to play active games, but it *can* fulfil his need for competition in other ways. And it can help him develop socially by bringing him



into contact both with other handicapped boys and with the nonhandicapped.

Emotional Problems.—Handicapped boys do not come in a single mold, any more than others do. The full range of emotional and mental characteristics is just as evident in the handicapped as in the general population. You will find boys among the handicapped who are living embodiments of the Scout Law—and you will also find boys who have trouble abiding by Rule 1 of a civilized society.

But it is true that handicapped boys may have more difficulty in adjusting to society. This is *not* because of their physical problems. Rather, it is because they may have trouble adjusting to the reactions of *others* to the problems.

Feelings of pity or revulsion in others will be sensed by the boy, and he may respond to these feelings by developing an inferiority complex. He may become timid, or he may compensate by becoming extremely aggressive.

Boys who have had a disabling condition since birth are likely to be well adjusted by the time they reach Scout age,

particularly if they have not been overly sheltered. But the boy whose physical problem developed suddenly after a normal childhood may have very strong emotional reactions during the adjustment period, responding with hostility, fear, or depression.

The important point to remember is that the handicapped boy's basic psychological needs and desires are not different. Because of his physical condition, he may find satisfaction for them in different ways, but he is more like other boys than he is different.



Attitudes Toward the Handicapped

A handicapped boy's adjustment to society, as stated above, depends more on the reactions of others to him than on the physical problem itself. This makes it essential that Scouters and other Scouts accept the boy and his handicap with sympathetic understanding.

Sympathy is easy. Almost everyone will be sympathetic toward a handicapped boy, especially if his handicap is obviously crippling. But, as the late Dr. William C. Menninger noted, understanding comes only from information. He suggested that we analyze our own feelings about the handicapped and then learn by experience in dealing with them what their capabilities and limitations are. In this way, we can overcome the common reactions of pity, morbid curiosity, oversolicitousness, and even, in a minority of persons, fear of the handicapped because they are "different."

If you have only one or two handicapped boys in your Scout unit, you may see some of these reactions among the other boys. (They are not, however, as common as they were a generation or two ago, because many children whose disabling conditions are not too severe now attend public schools. In years past, these children would have been in special schools or tutored at home.) The best way to overcome these negative reactions is for the leader to treat the handicapped boy just like all the others, insofar as possible. This subject will be discussed in more detail in chapter 3.

Even Scouts and Scouters who accept a handicapped boy with sympathetic understanding may deal with him as if he were gravely ill. In many cases, nothing could be further from the truth. A boy born with cerebral palsy may never have been sick a day in his life. He is physically handicapped but he is not ill, and while his condition may never improve appreciably, he does not have to be handled as if he were at death's door. The same holds true for boys who have been struck by a crippling disease like polio; following their recovery, they are handicapped but no longer sick. Boys with such conditions may have some limitations on their physical abilities, but they are as healthy as anyone else and the majority of them are also normal mentally.

Physical Benefits of Scouting

Scouters are not therapists and Scouting is not usually thought of as being therapeutic. But one of the movement's principal goals is mental and physical fitness, and it seems evident that handicapped boys derive at least as much physical benefit from Scouting as do other boys.

In camping and hiking, in manipulating ropes and tools, and in games of all sorts, the handicapped boy can improve his physical skills and personal fitness. Very little in Scouting is designed solely with that end in view, but for many handicapped Scouts it is one of the major benefits of Scouting. In addition, some handicapped boys who have a lot of tension (the cerebral-palsied, for example) find release and ease in a fun-filled Scout meeting or campfire.

These physical benefits, however, are almost incidental to program planning for Scout units with handicapped boys. Only a physician or trained therapist can schedule particular activities to achieve certain therapeutic results. For the Scout leader, this means that he should try to provide a full agenda of Scouting activities with no thought of therapy. If he does that, the physical benefits will follow.

Placing the Boy in Scouting

In summary, any handicapped boy is likely to benefit considerably from Scouting, both psychologically and physically. In all probability, he will benefit more than other boys because Scouting offers him one of his few chances to do what others do. While other boys have many opportunities for fun and adventure, Scouting may be the only such source for the handicapped boy. And so he probably will be more faithful, more enthusiastic, and thus affected to a greater degree by what Scouting can offer.

Will he do better in a unit of nonhandicapped boys or in an all-handicapped unit? Experienced Scouters are divided on this question and, in fact, tend to view it as not very serious. They are unanimous in saying that the handicapped boy should become a Scout in whatever type of unit is available.

In some situations, the question answers itself. In an institution for handicapped children, for example, the Scout units will have only handicapped boys. In a rural area and in some cities, a handicapped boy who lives at home might have no choice but to join a nearby unit in which he might be the only handicapped Scout.

The view that handicapped children should, if possible, be with their nonhandicapped fellows is supported by Vernon Mallinson in *None Can Be Called Deformed*. He writes, "Until noncrippled children are brought sensibly (and this is the only sensible way) to recognize a crippling condition as normal and in the nature of things, then we shall not have a society ready to absorb naturally and easily as it should its crippled minority group of constituent members. Similarly, as long as a crippled minority is herded away from the rest during the



most important period of schooling that extends from about the age of 7 or 8 to at least 16 plus, then they are not being adequately prepared to face life in competition with their fellows—to face it serenely, confidently, and realistically.”

A Scouter with 30 years of experience as both volunteer and professional, including work with the handicapped, has this to say about the best type of unit for a handicapped boy:

“I would say there are pros and cons to it. In a troop with both handicapped and normal boys, the normal boys have an opportunity to work with a boy who is abnormal. And it works out very nicely, I have found, if the boys know what is wrong with this particular lad. They have a chance to share in the therapy, so to speak, that Scouting has for boys who are handicapped. On the other hand, in a unit that has all handicapped boys, you have a leader who has to be aware of all the disabilities of the boys in his group. But you have an unusual situation in this type of unit because all the boys are familiar with their own handicaps and can look at others who are worse off than they are. And so they try to help the other person. And you have an ideal situation, with boys working together to provide the best kind of Scouting.”

Scouting's Three-Part Program

The Boy Scouts of America has a progressive program in three parts—Cub Scouting, Boy Scouting, and Exploring. Each is geared to the needs and desires of a certain age group.

Cub Scouting is for boys from 8 to 10. In their 10th year, most Cub Scouts become Webelos Scouts. Webelos is a somewhat more advanced program than the program for 8- and 9-year-olds and is designed as a transitional step toward Boy Scouting.

Boy Scouting is for boys from 11 through 17. While Cub Scouting is essentially a neighborhood- and family-centered program, Boy Scout troops are apt to draw from a wider area of the community. Its program is outdoor oriented and includes hiking and camping away from the home.

Exploring normally is for young men from 15 through 20 and is directed away from the home. The lower age limit is 14 if the young man is in ninth grade. Explorers may continue in the program as long as they are still full-time students in high school. The program is adultlike in conception and methods. The young men run their own affairs with minimum guidance from adult leaders. Most Explorer posts are organized to give members experience in special interests, which are usually professions, businesses, or (occasionally) hobbies.

In all three parts of the Scout program the upper age limit may be waived for mentally retarded boys, in agreement with the local council.

If No Unit Is Available.—In unusual situations there may be no Scout unit that a handicapped boy can join. If parents want a handicapped boy to enter Scouting *only* in a handicapped unit or if the leader of a nearby nonhandicapped unit is reluctant to accept him, this could create a problem. If such is the case, there are two possible ways to solve it.

One is that he may become a Lone Cub Scout or a Lone Boy Scout. In this program, the boy does his Scouting without entering a pack or troop. He is guided by an adult Scouter, who may be his father, minister, neighbor, or other interested man. To find out more about the Lone Scout program, contact the local council.

The second possibility is to start a new pack, troop, or post—either for only handicapped boys or open to all boys. To learn the steps necessary for this, contact the local council.

With only a handful of boys (whether handicapped or not) a pack, troop, or post can be started. All that is required is a chartered institution, which might be a school, religious group, service club or similar organization, or a group of parents. This sponsoring group must provide the unit leaders and a meeting place.

The procedure for organizing and the unit organization itself are exactly the same for a unit consisting of handicapped boys as for the nonhandicapped. For details, see the booklets *Organizing a Cub Scout Pack*, *Organizing a Boy Scout Troop*, and *Exploring Sales and Organization*.

They Ask No Favors

All-handicapped Troop 652 of Valley Forge (Pa.) Council gives no quarter and asks none in intertroop competition with normal Scouts. In first aid meets in 4 successive years, Troop 652 placed 14th, 6th, 5th, and in a tie for 3d.

Says the Scoutmaster, "I think competition with other boys is the greatest; when we go, we go to win. I could go on praising the boys forever."

chapter 2



What You Should Know About His Handicap

Lots of our Scouts' frustrations come from what their handicaps prevent them from doing. Our biggest emotional involvement is with a boy who has withered arms, because all the rest of the kids in the troop can pick up a spoon and put something in their mouths, but he can't. And there are so many things he can't do that it builds up a personal frustration. It's not so much that the handicapped are a minority group or that they think people are laughing at them as it is that they think, "Darn it, I wish I could get up and do that." And with all the animation and spirits of a boy, it must be a powerful thing to deal with.

—Scoutmaster of troop of physically handicapped Scouts

Any Scout leader worth his salt learns a great deal about his boys' capabilities merely by watching them perform. But for the Den Mother, Scoutmaster, or Explorer Advisor of one or more handicapped boys, some advance knowledge of what they can and can't do is usually necessary. How much depends primarily upon the severity of the handicap.

In the case of a boy whose handicap is an amputated hand and who has no artificial substitute, the problem is obvious and usually no special instructions are needed. On the other hand, fairly detailed information might be needed about a boy with congenital heart disease or one who requires elaborate braces, prostheses, or other equipment.

There are three sources which can be tapped for this information as soon as a boy shows a desire to join a Scout unit:

- his parents
- his physician
- the boy himself

The Parents

Except for boys who are institutionalized, parents are probably the best source for advance information about the special needs and limitations of their handicapped sons. They will have talked with a doctor (perhaps many times) about the boy's capabilities and will have observed him around the home for a long period.

Parents of new Scouts and Explorers should submit a health history with their sons' application forms to join Scouting. The Scout and Explorer Health and Medical Record, No. 4410-71, is available for this purpose.

In any case the leader should find out:

- the boy's disease or disabling condition
- his physical capabilities and limitations
- restrictions (and medications) advised by his doctor
- his appliances and equipment, if any
- whether he needs help in meeting personal needs (eating, dressing, toileting, etc.)

A suggested checklist of questions that ought to be covered will be found on pages 92-93. It can be mimeographed and a copy given to parents of each new Scout, or it can be used by the leader during his interview with the parents.

This interview is an excellent opportunity for the Scout leader to enlist the parents' help in operating the unit. In an all-handicapped unit, assistance from parents is essential, particularly in the outdoor program, and this first meeting is a good time to sound them out on their willingness to help.

The Physician

As a rule the Scout leader's contacts with the boy's physician will be indirect. In an all-handicapped unit in a school or hospital, the leader may have access to the physician's report on the admission form which will enumerate limitations and restrictions. In a unit outside an institution, the leader probably will have the physician's advice through the boy's parents.

If, however, the leader has questions that can't be answered to his satisfaction by the parents, he may contact the boy's physician. Since most physicians are pressed for time, the leader should state his problem fully but concisely.

In Cub Scouting and Boy Scouting a physician's statement is required if a leader wishes to substitute for advancement requirements that the handicapped boy can't do. Therefore, the leader may have contact (either direct or indirect) with a boy's physician throughout his Scouting years. This is not true in Exploring that has no independent advancement program—although Explorers can work toward Eagle rank. The problems of advancement are covered in chapter 5.

The Boy

Most boys who have had a handicapping condition for several years will be aware of their capabilities and limitations. A frank and friendly chat as soon as a boy joins your unit will often reveal his capabilities. The information you get from him, however, should not be the final word since some handicapped boys (and nonhandicapped boys, too) are not always realistic about what they can and cannot do. But taken in com-

bination with the information from his parents, it will provide a useful picture of the boy's problems.

Your first interview with a new Cub or Boy Scout is important in another way, too—especially if he has not had much experience in groups. It will help to set him at his ease and give him some idea of what to expect in his new life as a Scout. Make him feel welcome, keep your tone light and friendly, and stress the things he *will* be able to do as a Scout rather than those things that may be denied him by his handicap.



Judging His Limitations

You cannot know too much about the boy and his handicap. Find out all you can from parents, physician, and the boy himself. You may also find insight from reading about his disease or disabling condition. (See chapter 7 and the literature list in the Appendix.)

When you have absorbed all this, make your own judgments about the boy's capabilities and limitations so far as Scouting is concerned.

Obviously, you cannot proceed contrary to a physician's orders or parents' wishes for the boy—nor would you wish to. At the same time, after you have watched the boy for a few

BEST COPY AVAILABLE

weeks, you may become the best judge of his abilities in Scouting. Few physicians have taken a 5-mile hike in recent years. Few parents have played the game Steal the Bacon. Both may be agreeably surprised to learn that neither is as hard as it looks and that many handicapped boys are quite capable of doing both.



Parents especially may have reservations about what their son can do. If they have overprotected him at home, they may be needlessly fearful that he will get hurt in the stress of hard competition in a Scout contest or game. This is a very human reaction and must be taken into account by a Scout leader. If the leader doubts that participation would harm the boy, he may introduce him gradually to the activity, watching closely to see whether there are adverse effects. Many times the boy will be a full participant before either he or the parent realizes what has happened.

Concerning the "limitations" of handicapped persons, Janet Pomeroy, who has operated a recreation center for the handicapped for many years, has this to say in *Recreation for the Physically Handicapped*: "If he (the recreation leader) is not hampered and confused by their presumed 'limitations,' he does not set up mental blocks in his own mind concerning their abilities and potentialities. Moreover, medical opinion on these so-called 'limitations' is varied and continually changing. A person with severe physical handicaps needs to be able to express himself naturally through interest or other normal motivation, without worrying what muscle he must move or exercise 'because it is good for him.' If he knows that the recreation leader is dealing with him as a normal person, he is more relaxed and at ease as a participant. Therapy is essential for most severely handicapped persons, but the recreator is not a therapist; he is a leader who provides them with incentives and opportunities to exceed their 'limitations,' and his services often result in desirable therapy."

For the Scout leader this means: Get all the facts you can about the boy's condition, then make your own judgment about what he can do in Scouting.

The Impossible Takes a Little Longer

While handicapped Cub Scouts in Pack 8, Wilkes-Barre, Pa., were learning to salute the flag, Cub Scout Tommy, who cannot lift his right arm, struggled to do it right. His Cubmaster assured him that it was all right for him to salute with his left hand.

But for Tommy it wasn't. A little later his Cubmaster found him sitting with right arm propped on his knee, a big smile on his face, and his right hand in perfect saluting position.

chapter 3



The Boy in a Nonhandicapped Unit

Once a week to go down to the basement Scout rooms of the church . . . to pass tests and to stand before a court of honor and receive a badge, to sing around a campfire, to help build a lean-to and to sleep on the ground—to participate, finally, in all the romantic joys of that boyhood organization—all this was perhaps the most important single molding force of my life up to this time. To be disabled can be a lonely thing unless one finds a way to break through the wall of loneliness, and Scouting gave me the wedge to break it with.

—John McKee, Two Legs To Stand On

Some years ago the Scoutmaster of a nonhandicapped troop wrote to *Scouting Magazine* to ask for the advice of other Scout leaders about whether he should take a cerebral-palsied boy into his unit. Hundreds of experienced leaders replied, and with only one or two exceptions they advised him to let the boy join. A few, in fact, said that he should *insist* the boy join. (To get ahead of the story, the Scoutmaster did accept the boy, who became an excellent Scout.)

In their responses to the Scoutmaster's plea for advice, other Scout leaders summed up the benefits to the boy and the troop in comments like these:

- "I feel that if you take this spastic boy you will be doing a great favor to your troop. In my experience with the children of today, I feel they need a boy like this to show them how fortunate they are and for the lesson they may receive in giving service to others."
- Would the handicapped boy slow up the troop's progress? "Definitely not!" said a leader who had a boy with muscular dystrophy in his troop. "It speeded up advancement because those who were physically fit couldn't lie down and let a handicapped boy beat them."
- "The Scout program is a character-developing program. The gadgets that boys make, the merit badges, the troop meetings, etc., are all vehicles for the attainment of good character. We must not lose sight of the goal for the minutiae with which we work. If the most important thing would be to be able to hike 6 miles rather than 5, or to tie six knots rather than four . . . then I would say that the crippled boy may retard some of the boys; but if the basic purpose of Scouting is to practice the virtues and the moral standards that mankind has evolved to the present day, then I would say the crippled boy would be an asset to any Scout troop."
- "How, may I ask, can you live up to the Scout Oath or the Scout Law and bar this boy? How can you teach your boys to help other people at all times? How can you teach them to be generous to those in need if they never get a chance to do these things? How can you teach them to be brave and stand up for

the right if you, their leader, bar the crippled boy from the Scouts? How better could you teach them sympathy and not jeering at the physically and mentally maimed than not to just let him join; but to ask him to join? What better object lesson could you give?"

It is evident from these responses that Scout leaders who have had experience with handicapped boys believe the benefits to the others are almost as great as those to the handicapped boy. This is not to say that the addition of a handicapped boy will not pose special problems for the leader. Often it will—problems of transportation for hikes and camp-outs, for example; problems of involving a handicapped boy in some way in games and contests that aren't for him; problems of his acceptance by the other members as just another Scout. These are not very serious problems to a Scout leader who accepts a handicapped boy willingly, but to the reluctant leader they may become real burdens.

When a Handicapped Boy Joins

The leader's attitude toward a handicapped boy is all-important. If he is able to show that he considers the boy as much a Scout as any other and shows no favoritism, then the other Scouts are likely to react in the same way. It is true that on occasion the handicapped boy may have to sit on the sidelines or stay behind when the unit goes off on a rugged adventure; the unit's plans cannot always revolve around the needs of the handicapped boy. But the more he can become a regular, participating member of the unit, the better it will be both for him and the others.

Helping the Handicapped Scout

Assuming that the leader and the other boys accept the handicapped Scout as one of the boys, there is still one pitfall to be wary of: oversolicitousness. Most boys (and perhaps especially most Scouts) will go out of their way to help another person. The danger here is that they will go *too* far, doing for the handicapped Scout what he could learn to do for himself. This is not good for the boy.



Often a disabled boy who has been treated like a hothouse flower at home will expect others to wait on him for things that are difficult for him to do. A few, in fact, may take advantage of their handicaps to manipulate the sympathy of others.

It is sometimes very hard to draw the line between giving help where it is needed and being oversolicitous to the point where a crippled child never learns any degree of independence. The line must be drawn by experience, and here again the leader must set the example. If a crippled Scout falls but *can* get up on his own, usually he should be left to do so. If a couple of his fellows quickly run over to help him up, the handicapped boy loses one more opportunity to extend his independence and, at the same time, reinforces any feelings the other Scouts may have about his "difference" from the normal. He may come to expect their help instead of learning self-reliance.

At times a leader may have to adopt a fairly hard attitude toward boys who he fears are taking advantage of their handicaps. A Scoutmaster who has several handicapped boys in his troop says, "We've got two or three kids who will let you do as much for them as they can get you to do. And there are certain lessons they have to learn. For example, at home I suppose their parents have always tied their shoelaces, but we make them do it if they can—particularly in camp where they have to dress themselves. We've found we just have to be tough and say, 'All right now, we're going to leave for supper in 5 minutes and you've got to have your shoelaces tied.' And the kid will say, 'Help me!' But we'll say, 'No, you can tie your shoelaces—you did it last night.' And sometimes we've actually left the camp and gone to the dining hall and left that kid sitting on his cot. After a few minutes somebody would circle back to see what was going on, and usually the kid was tying his laces and trying to catch up. In only a few cases did anybody miss a meal. So you see we have to be kind of mean sometimes to get the point through. We don't overprotect them. That's a very real danger."

Many handicapped boys do not want help beyond what is absolutely necessary and will struggle against great odds to do the seemingly impossible. These boys should be encouraged and left to their own devices as much as possible.

Some Scout leaders recommend that when a handicapped boy joins a unit the other members should be briefed about his disability and how they can help him. The briefing should occur when the handicapped boy is not present. Said one leader:



"The leader should explain just how they're going to help the boy—on both sides of the problem—by being Scoutlike and helpful and friendly, but not overprotective." The briefing is particularly important when the boy's handicap is not immediately apparent, as for example a case of epilepsy or heart disease. This makes the other boys aware of the new Scout's disability and how they can be prepared to help if needed. At the same time it alerts them to the fact that, insofar as possible, the handicapped boy will be treated the same as any other unit member.

Will He Be a Drag?

By definition, a physically handicapped boy is one with some disability that makes it difficult or impossible for him to do some things that Scouts normally do. And so the leader of a unit with only one or two handicapped boys may occasionally face the question of whether to hold back the other boys to allow the handicapped boy to keep up or to let him work at his own pace while the others go ahead at a faster pace.

Scouters have differing views on this question. In general, their attitude is that, when possible, the handicapped boy should stay with the group—*unless* it means that the progress of the other boys will be slowed appreciably.

Said one leader: "I think I'd try to let the other boys go at their own pace and push the handicapped to keep up. They're going to have to spend their whole lives in a world that doesn't wait for them, and the more we can expose them to that kind of situation without putting them under too much pressure, the better."

However, since success and achievement are just as important to the handicapped as to others—in some cases perhaps more so because they may have few chances to achieve—the handicapped Scout should not be placed in a situation where he is under impossible pressure to match the pace of others.

Very often the answer is to give the handicapped Scout some part of the common chore or activity that he *can* do and thus remain an integral part of the group. In a Cub Scout den preparing a pack meeting skit, for example, a wheelchair-bound

boy might be director, prompter, or scene decorator. In a Boy Scout patrol, the same boy might not be very handy at wood-gathering or fire building, but he could prepare the food for cooking. Perhaps he will be a little slower and thus may require more time, but it is important to him, and to the others, that he pull his own weight within the unit whenever possible.

The boy in the wheelchair is not likely to be able to keep up on a 5-mile hike (although there are plenty of examples of wheelchair-bound boys who *have* taken long hikes). So provision must be made to get the boy to the hike destination where he joins in whatever activities are planned there.

No firm rule can be laid down for the participation of a handicapped boy in Scout activities. As a rule of thumb, he should have a part in every chore and activity up to the limit of his ability. He should *not* be merely a spectator, unless his disability is so severe that he is unable to participate at all.

The Handicapped Boy in Games and Contests

The same principle applies to games and contests. If his handicap does not put him at a distinct disadvantage, by all means let him play games with the others. A boy with only one arm probably can compete on virtually equal terms with the others in such active games as Steal the Bacon and tag. He may even be adequate or better in games requiring some dexterity, like baseball.

But most handicapped boys will not be able to compete on equal terms in active games. However, they can participate by being appointed umpires, starters, scorekeepers, coaches, etc.

In addition, semiactive games can be planned in which the handicapped boy's disability is no handicap. A boy confined to a wheelchair may be quite able to hold his own in such games as *Table Football* in which two or three Scouts make up a team and sit opposite another team at a table. A table tennis ball is dropped in the center. The object of the game is to blow the ball off the opponent's end.

Several other games of this type that can be enjoyed by both handicapped and nonhandicapped boys will be found in the next chapter.

If you are a leader of a unit with one or two handicapped boys, do not try to limit the unit program to what they can do. Handicapped boys must learn to accept their limitations about which nothing can be done.

Do try to involve them in all unit activities, even if it might be in a small way. You may be pleasantly surprised to find that challenging a handicapped boy to do his share will make him exceed by far the "limitations" that you and others have prescribed for him.

Helping the Guy Next to You

The Scoutmaster of a multihandicapped troop in North Brunswick, N.J., says:

"Let's not neglect the best and most frequently available Good Turn of all—helping the guy next to you. For a handicapped boy who has been on the receiving end of the help most of his life, Scouting may be the first chance he's ever had to help somebody else and thus feel needed and useful, which is so important psychologically. The kid with brain damage or a buni arm can push the kid who lives in the wheelchair. The kid in the wheelchair can direct the brain-damaged Scout in setting up his tent or building his fire. The beauty of this is that such personal Good Turns happen extemporaneously and constantly, without contrivance and because of actual need. On our last camp-out, I looked up to see a brain-damaged Scout who is built like a fullback appear as from nowhere to assist a severely crippled Scout over some rough ground. The fact that one was white and the other was black added an almost unbearable poignancy to the scene. Beautiful—and it happens regularly."

chapter 4



Leading an All-Handicapped Unit

*Physically handicapped boys are
real boys at heart. They find
many ways of compensating for
their handicaps.*

*—Institutional representative of an
all-handicapped troop*

Scouting in a pack, troop, or post made up of handicapped boys is essentially the same as in any other unit. The things the members do are usually the same; the way they do them is sometimes different.

In what way it may be different depends on the kinds of handicaps the members have. An all-handicapped unit might include:

- boys with a single type of disabling condition in a hospital
- boys with a variety of disabling conditions in a crippled children's hospital
- boys with a variety of disabling conditions (including perhaps mental retardation) in a unit outside an institution

These are just a few of the possibilities. It goes without saying that what works in a Scout unit in one situation might fall flat in another. And so what follows is necessarily very general.

Planning in a Cub Scout Pack.—Program planning methods for a pack of handicapped boys are the same as for one made up of nonhandicapped; that is, all planning is done by adults (Den Mother, Webelos den leader, Den Leader coach, Cubmaster, and pack committee). The Cub Scouts may decide on some details, but the broad outlines of their program are planned by adults.

Planning in a Boy Scout Troop.—In Boy Scouting, ideally the troop plans are made by the patrol leaders' council with the advice of the Scoutmaster and support from the troop committee. In fact, the recommended planning process may be very hard to establish in an all-handicapped troop. This is because many handicapped children have had no leadership experience and very little practice in group discussion or decision.

Thus, the very process itself may seem strange to them. Nevertheless, it is important that the Scoutmaster encourage his Scouts to do their own program planning. This will probably be a gradual process, with the adult leader relinquishing responsibility as the patrol leaders' council becomes able to absorb it.

General program planning methods for Cub Scouting and Boy Scouting will be found in the following books: *Den Leader's Book*, *Cubmaster's Packbook*, *Webelos Den Leader's Book*, *Scoutmaster's Handbook*, and *The Troop's First 6 Months*.

Planning in an Explorer Post.—Exploring emphasizes planning by the members to a greater degree than Boy Scouting. In their planning, Explorers use the "program capability inventory" of the post's chartered institution (sponsor) and leaders—that is, the sponsoring organization, often a business or a professional group, lists the vocations and hobbies of men who may contribute to the post program. Using this list, the Explorers select and plan their own program—this, of course, is when the Advisor advises.

By the time they reach Explorer age, most handicapped young men will know their limitations and be able to select activities within their abilities. If they have not had much experience in planning-group decisions, the Advisor may have to give more guidance than he is usually expected to.

For more information on planning post activities, see the *Explorer Officers' Workbook*, *Explorer Member's Guide*, *Explorer Leaders' Reference Book*, and *Explorer Advisor's Seminar Guide*.

Running Your Program

Most leaders of all-handicapped units model their meetings and other Scout events on suggested plans in leaders' handbooks. A Den Mother would use the seven-part den meeting outlined in the *Den Leader's Book*, and a Scoutmaster would follow the troop meeting plan in his *Boy Scout Program Helps*. Following these patterns ensures that boys are getting a varied program of good Scouting.

There are three special considerations in work with all-handicapped units:

- the need (usually) to slow down activities
- the need for experimenting, to find out what works and what doesn't

- the fact that the level of participation by boys may vary considerably

Slowing Down Activity.—An all-handicapped unit inevitably will be slower in accomplishing things requiring movement. This is particularly true if some of the boys are mentally retarded as well as physically disabled.

A Scouting skill that a nonhandicapped boy might learn in 10 minutes may take a severely disabled boy several hours of constant repetition. Similarly, a game might last twice as long in an all-handicapped unit.

So long as the leader is aware of his boys' need for more time, his patience should not be tried. As the Scoutmaster quoted in



the introduction said, "You know a handicapped boy isn't going to leap up the stairs six at a time, and once you've adjusted to that idea it all assumes a new kind of normality."

In addition to the boys' relative slowness in physical skills, there may be delays in moving from one activity to another. It may take several minutes to move from a game to a ceremony merely because of the time required to manipulate wheelchairs, braces, crutches, etc.

Trial and Error.—Experimentation is necessary in running Scout programs for handicapped boys (and in any Scout unit, for that matter). Some games and activities that look great



on paper may not be in practice. Others that leaders try out with small hope of success may be very popular.

Don't hesitate to experiment with new games and activities. When you find one that works, use it sparingly—constant repetition will dull the fun.

Participation Will Vary.—The level of participation by Scouts in the unit will vary a great deal. Some handicapped boys become fatigued quickly; others may have a short span of attention. Some will be fully engaged for as long as nonhandicapped boys would be.

Boys who have been recently handicapped may need special encouragement because they are apt to compare their performance with what they could do before becoming disabled.

So, for any activity you can expect a wide variation in the boys' degree of participation—don't be surprised. Curb any impatience you might feel for the slower boys and those whose interest flags. If you become impatient, some boys whose disability includes constant tension may become even more tense and their ability to perform may lessen even more.

Help From Parents and Others

Most leaders of all-handicapped Scout units outside of institutions believe that parents should be called on for considerable help in Scouting activities. In many units, parents of severely disabled boys attend all meetings and special events to take care of the physical handling of their sons.

In hospitals or other institutions for the handicapped, parents are not usually available, and so necessary physical handling is done by staff personnel.

A few Scout leaders prefer not to have parents at Scout events, in part because they believe the boys prefer it that way and are likely to develop more independence away from their parents. Often, however, in all handicapped troops, other men (sometimes called "patrol dads") assist Scout leaders and take care of any necessary physical handling. In any case, in an all-handicapped pack, troop, or post there probably will be a need for someone to aid leaders. This is particularly important for hiking and camping, because one or two leaders will not be able to give all the necessary assistance to 15 or 20 handicapped Boy Scouts.

If your unit needs additional help, a good source may be the nearest troop or post of nonhandicapped boys. Aiding handicapped boys in Scouting is an excellent service project for "other" Scouts, and it should not be difficult to find them. Excellent sources of assistance might be local units of Alpha Phi Omega, the Scouting service fraternity for college men; the Order of the Arrow, a national brotherhood of honor Scout campers; and the Knights of Dunamis, an organization for



Eagle Scouts—check your local council office for information about these groups.

Some handicapped units also have nonhandicapped members. Not only can they assist adult leaders, but often are a source of boy leadership—particularly in a new unit of handicapped boys that has not yet developed its own leadership.

Help With Personal Needs.—A few handicapped Scouts will require some assistance with their personal needs—dressing, eating, and/or toileting. In most cases parents or hospital staff members will give this help, but Scout leaders should be aware of what to do when they are not available.

The boy himself, his parents, or hospital personnel should be able to explain what aid is required. The leader must be told how often boys who cannot speak should be taken to the bathroom and what assistance, if any, they need in using the toilet.

At camp, a leader or older Scout should be assigned to help boys who need assistance in eating if parents are not on hand. It is preferable that the person assigned to the job is familiar to the handicapped Scout. Often a less severely handicapped Scout can assist one who needs help at mealtime.

The helper should be aware of three things:

- special care should be taken with knives and forks if the handicapped boy has a great deal of involuntary motion
- use of straws for drinking will save spillage
- if the handicapped boy has difficulty in swallowing, he should be fed very slowly



Six-Point Plan for Success

Before considering some of the specifics of Scouting, here are six guidelines for success with handicapped boys from a long-time Scouter, Richard Peipher is Scoutmaster for 16 units and nearly 400 boys at the Elwyn Institute, Elwyn, Pa.

His six-point plan for success is directed to troops, but is equally adaptable to packs and posts. He recommends:

1. Keep precise and accurate records, especially of advancement.
2. Use official Boy Scout equipment; it is the best available for camping and hiking.
3. Seek advice from leaders presently working with handicapped Scouts.
4. Follow the program guidelines and *Program Helps*.
5. Develop and use the patrol method (see *Scoutmaster's Handbook*).
6. Keep the "outing" in Scouting.

Hiking and Camping

Scouting means the outdoors. This is just as true for handicapped Scouts as for any others. And so it follows that handicapped Cub Scouts and Boy Scouts should have plenty of opportunities for going outdoors with their units.

The values of hiking and camping are the same for both handicapped and nonhandicapped Scouts. They learn the Scouting skills easily. They have fun in a new environment. But most important, they learn to live, work, and play together.

Hiking.—Probably fewer all-handicapped troops and Webelos dens hike than camp, because in many such units there is a high proportion of boys in wheelchairs or cumbersome leg braces for whom traveling over rough terrain is an ordeal. Nevertheless, most all-handicapped troops and Webelos dens *do* hike, with the less severely disabled helping those in wheelchairs.

Experienced Scout leaders of handicapped boys recommend that:

- there be an adult or nonhandicapped Scout for each two handicapped Scouts
- hikes be relatively short (depending upon the capability of the hikers)
- hikes be in fairly smooth terrain, particularly when boys are in wheelchairs
- plenty of time be allowed because of the inevitably slow pace of the hikers
- hikers do not get too far from easy access to transportation in case any of them become fatigued

With these conditions in mind, an all-handicapped unit hike can be like any other. The hike should have a point other than just walking, and some activity should be provided along the way and at the destination. See *Scoutmaster's Handbook* and *Webelos Den Leader's Book* on hike planning.

Camping.—Nearly all troops of handicapped Scouts are perfectly capable of overnight and summer camping, providing that the conditions are not too rugged. Facilities at most council camps are well within the capabilities of the average all-handicapped troop. But there are special factors that must be considered. These factors have to do with the nature of the camp terrain and the architecture of its buildings.

Sand is the natural enemy of a brace or prosthesis—its ball bearings will be ruined quickly by a few tiny grains of sand. Therefore, boys who rely on such devices will not function well at a camp with a great deal of sandy terrain.

Braces and prostheses may also be damaged if the terrain is rugged and rolling because of the jarring effect in moving up, over, and down repeatedly.

Many handicapped children have small reserves of energy and may not function well in untamed and rough natural environments. Therefore, physicians recommend that a handicapped child who uses braces or prostheses and who is prone to quick fatigue should not attend a really rugged camp.

Ideally, a camp attended by severely handicapped Scouts should have ramps as well as stairs for entering buildings, and toilet and bathing facilities should be within easy reach on well-lighted, relatively smooth paths.

Preparing any unit for camp requires considerable planning by leaders and the unit committee. Good planning is even more vital for an all-handicapped troop or Webelos den, because provision must be made for their special needs as well as for the needs common to every camper. Many leaders of handicapped units insist on a ratio of at least one adult for each two campers, so that the whole burden of moving the Scouts and their gear does not fall on one or two men.



But although there is some extra work and planning in preparation for a camping trip, the rewards to the boys are well worth it. If most of them have learned the basic Scout skills, they should be able to set up and operate their camp just as a troop of nonhandicapped boys would.

An all-handicapped unit camping in a council camp should be, and usually is, treated like any other. Most of its members will be able to take part in all usual camp activities, and as a rule handicapped boys join eagerly in troop competitions in camp. Often the competition and the inevitable visiting between troops are the most lasting and valuable results from a camp for a troop of disabled boys.

In a local council camp, medical care is usually on the spot so that a leader need have no serious concern about emergency treatment for a handicapped Scout. Most camps have at least a first aid center with a nurse in attendance and many have a physician on the staff. In camps where there is no resident physician, arrangements will have been made with a nearby hospital to take care of medical emergencies.

Good Turns

A Boy Scout pledges himself to help other people at all times and to Do a Good Turn Daily. For the average boy who fulfills these pledges seriously, it is not too difficult. But for a handicapped boy who may have been waited upon all his life, they open up a new avenue of satisfaction; perhaps for the first time he has a chance to do something for others. For this reason individual Good Turns and service projects by the pack, troop, or post are very important to handicapped boys.

An all-handicapped unit probably will be able to undertake almost any service project that a nonhandicapped unit can, although it may be necessary for leaders to give more assistance to the members.

Here are only a few ideas for service projects:

- planting trees along streets, in parks or other public grounds
- collecting food for needy and arranging for distribution of Thanksgiving and Christmas baskets
- making historical maps of your town
- taking census of public parks and trees
- serving the blind as guides, readers, etc.
- constructing nature trails in parks
- cleaning community cemeteries
- undertaking conservation projects
- doing yard work on grounds of chartered institution
- conducting flag ceremonies for the chartered institution's meetings
- repairing chartered institution's property or equipment
- setting up window displays on traffic safety



Games and Sports

The *Scoutmaster's Handbook* and *Games for Cub Scouts* contain games that can be enjoyed by all boys. However, certain adaptation may be necessary for handicapped boys in some of the more active games.

Games involving a lot of running will have to be eliminated or adapted in some way. But the handicapped boy likes his games to move fast, so the adaptations should still provide for movement.

Following are a few games that have proved successful in a number of Scout units for the handicapped:

Tug-of-War.—This can be played on the floor and include boys whose legs are disabled.

Crows and Cranes.—See *Scoutmaster's Handbook* and *Games for Cub Scouts*. Since this game involves chasing, boys whose movements are completely restricted serve as leaders.

Stalking.—Based on Boy Scout Second Class requirements. Played in the woods. Players must have fairly good vision and be able to ambulate in rough terrain.

Scoutcraft Games.—Many of those listed in the *Scoutmaster's Handbook*, tool 11, are popular. They involve skills like map and compass reading, signaling, first aid, and fire building.

Snake Swat.—A long rope is "snaked" across the room. Two boys are blindfolded, given a rag or newspaper swatter, and guided to each end. On signal they begin crawling on all fours, following the rope with their hands. When they come together, they swat each other with the newspapers or rags. First one to strike a blow is the winner.

Fox and Squirrel.—Players are seated in a circle. Beanbags (or balls) are given to two players on opposite sides. One beanbag is the fox, the other the squirrel. The players pass the beanbags around the circle, with the fox trying to overtake the squirrel. The fox may change direction at any time, and of course the squirrel must change, too, to avoid being caught.





Ball Relay.—Players are divided into teams and sit on the floor. Each team makes a zigzag line. The first player in each line is given a ball. On signal he rolls the ball to the next player in his line, who rolls it to the next, and so on. When the last player gets it he rolls it back to the one ahead of him, who rolls it to the next, etc. First team to get its ball back to the first player is the winner.

Toss Relay.—A circle about 5 feet in diameter is drawn about 10 feet ahead of each team. The first player on each team is given two or three beanbags, which he throws, one at a time, into the circle. A point is scored for each beanbag thrown into the circle. Each player throws the beanbags in turn. The team's score is the total made by all players.

Tetherball.—This exciting game can be adapted for handicapped persons in several ways. Boys in wheelchairs whose arms are not disabled can play the standard game if the rope is lengthened. Others whose arms are disabled can play by kicking the ball around the pole if the rope is long enough, or a lighter ball can be used and hit with head or shoulders. A miniature tetherball set can be used indoors by boys with limited movement.

Team Sports

Handicapped Scouts will be able to play most team sports if the rules and equipment are modified. Since the boys will enjoy the game most if it's not too different from the regular sport, make as few modifications as possible.

Modifications can be made along these lines:

- substitute walking or "wheeling" for running
- reduce the size of the playing area (baseball or basketball) or the distance (horseshoes or tennis)
- substitute bouncing or rolling for throwing or pitching a ball
- let other players run for those who can't, as in baseball
- substitute kneeling, lying down, or sitting down for standing (as in baseball batting)
- allow the ball to be hit any number of times on one side of the net, as in volleyball

Baseball.—Plastic balls and bats are often used, and, of course, the diamond is usually much smaller for handicapped players. Boys in wheelchairs can be wheeled to the bases or given a runner when they bat. Those who cannot use their arms to bat, throw, or catch may participate as coaches, baserunners, scorekeepers, or umpires.

Basketball.—Wheelchair basketball is commonplace, and teams of handicapped adults have become quite famous through their exhibitions. However, severely disabled boys may find it impossible to play, unless the baskets are lowered and a smaller ball is used. They may be able to play variations of basketball such as Keep Away in which one team tries to keep the ball away from another. Another successful variation is played with two ordinary bushel baskets or pails placed on the ground at the ends of the court. A goal is scored whenever the ball is shot into the basket and stays there without turning the basket over.

Balloon Volleyball.—This variation of regular volleyball can be played by all but the most severely disabled since the balloon

ball travels slowly. The "net" is a string stretched across court about 6 feet off the ground. The serving line should be back about 6 feet from the net. The court width might be as little as 8 feet so that immobile players can cover it.

Individual Sports

Handicapped Scouts will enjoy tremendously the individual sports offered at most council camps such as swimming, archery, canoeing, boating, fishing, and riflery. Although they may need some assistance, many boys with fairly serious handicaps can take part in all these sports.

It is essential that normal safety precautions be redoubled when handicapped Scouts are participating.

Swimming.—Probably the best of all sports for the handicapped—particularly those with neurological or orthopedic disabilities—is swimming. For one thing, many handicapped persons can achieve a level of success in swimming that is denied them in any other activity. For another thing, the water itself offers them a degree of freedom of movement that they can find nowhere else.

Dr. Valerie V. Hunt points out, "The properties of water—the buoyancy, the viscosity, and the decrease in pull of gravity—assist weakened muscles to move joints, make the body lighter and easier to control, and make for body balance and stability. Distorted movements are so improved in water that it is often difficult to recognize orthopedic and neurological difficulties."

Because water temperature should be relatively high for most handicapped swimmers, an indoor pool is usually best. Particularly for boys with neurological or orthopedic disabilities, the temperature should be about 85 degrees. Even higher temperatures—the low 90's—are recommended for cerebral-palsied boys to allow their tense muscles to relax. However, if the water is warm in your camp's pool or waterfront, probably they will be able to swim there during the summer. The boys' physicians should be checked on this point during the precamp physical examination.

Because of their varying disabilities, no single way of learning to swim can be recommended for handicapped boys. One may learn a passable crawl while another who has only one strong arm may be content with the sidestroke. Others, whose legs are involved, may develop their own methods of propelling themselves through the water. If you wish to secure expert instructions for your boys, check with your local council health and safety committee, merit badge counselors for swimming and other aquatic sports, your local YMCA, or the local office of the American National Red Cross.

The Safe Swim Defense should be in effect at all times when Scouts are in the water. Particularly advisable is one point of that plan—the buddy system—in which each Scout is paired with another in the water. They swim together, respond to the lifeguard's call "Buddies!" together, and leave the water together. For full details about the Safe Swim Defense see *Scoutmaster's Handbook* or *Cub Scout Water Fun*.

They All Volunteered

In our town a Memorial Day parade is held in which local organizations participate, including Cub packs. The parade route is almost 2 miles long. Since Francis, one of the boys in my den, had cerebral palsy and was completely deaf, he couldn't make such a march—but he sure wanted to. Our problem was solved by Boy Scouts who provided him with a homemade cart. He wore an Indian blanket and feathered headdress and gaily waved at people as he rolled along. The difficult part of choosing Cubs to pull him was left to me, which wasn't easy since they all volunteered. I solved this by choosing the tallest and the strongest, and they gallantly bore their blisters as they pulled Francis along.

—A former Den Mother in New York

chapter 5



Aids to Advancement

Scout skills—what a boy knows how to do—are important but they are only one part of the advancement plan. Scouting's concern is the total growth of the individual boy.

This growth is measured, to a great extent, by how the Scout lives the Scouting ideals and does his part in the troop (unit).

—Advancement manual, BSA

Scouting is essentially an educational program, providing a progressive series of experiences aimed at making the boy a better citizen, a young man of good character, and stronger physically, mentally, and morally. In Cub Scouting and Boy Scouting, these experiences are charted in part by the requirements for advancement. In Exploring there is no advancement program, although Explorers can earn Star, Life, and Eagle (see *Explorer Member's Guide* for details).

Because the Cub Scout and Boy Scout advancement trails are designed to lead the boy toward the serious purpose of Scouting, it is important that he *does* advance—not merely enjoy the games and fun at his pack or troop events. It is not too much to say that unless he is advancing, he is not getting full benefit from Scouting.

The advancement requirements for the two programs were not drawn up with physically handicapped boys in mind. In Boy Scouting, particularly, many requirements call for dexterity, physical strength, or stamina that may make them very difficult if not impossible for some handicapped boys.

This does not mean that they cannot advance. Substitutions are permitted for Scouts whose physical condition prohibits them from completing regular requirements.* The fact is that almost any physically handicapped boy can earn Eagle rank—the top achievement in Boy Scouting. He will need a great deal of determination—probably more than his nonhandicapped brother—but through a combination of his own will and a judicious use of the substitution procedure, if necessary, he can go to the very top of the Scouting ladder.

Recognizing Achievement

The Scout leader must establish a climate in his unit that will encourage boys to advance. This can be done by making advancement important to the boys and by *immediate* recognition for every success, even minor ones. Many handicapped boys have few opportunities for recognition by their peers.

* The procedure for making substitutions is explained on page 49 for Cub Scouts and on pages 55 through 61 for Boy Scouts.

Scout advancement offers a perfect chance to let them achieve and then be recognized for their achievements.

In Cub Scouting the Cub Scout Advancement Chart provides an excellent vehicle for immediate recognition for each small success. This wall chart has a place for each achievement a boy must complete on the way to advancement. When a Cub Scout completes any achievement, he should be called forward at the next den meeting and allowed to color in that achievement space. In this way he gains recognition often.



Scoutmasters may use the Troop Advancement Chart in the same manner. When a Scout has passed any requirement, he fills in the space to show his progress—preferably at that or the next troop meeting.

These charts have another benefit in addition to providing quick recognition: They also give graphic evidence of the advancement progress of every boy in the pack or troop and thus may spur boys who are lagging behind to catch up to the others.

Advancement in Cub Scouting

For 8- and 9-year-old handicapped boys in dens, advancement should not be a serious problem. There are two reasons for this:

- First, the boy's performance is judged solely by his parents on the basis of whether he has done his best toward meeting a requirement. His parents make this judgment when they think he has done his best; then they sign his book certifying their approval.
- Second, requirements for any achievement may be substituted by the Cubmaster and pack committee.

For Wolf Achievement 1, Feats of Skill, there is a note to parents in the *Wolf Cub Scout Book* stating: "If a physician certifies that a Cub Scout's physical condition for an indeterminate time won't permit him to do three of these requirements, the Cubmaster and pack committee may authorize substitution of any three arrow point electives." A similar note will be found for Achievement 8, Cub Scout Fitness, in the *Bear Cub Scout Book*.

Although these notes are found only in the sections on these two achievements which test physical skills, similar substitutions may be used for other achievements that require manipulative skills (i.e., for Wolf Achievements 5, Whittling; and 12, making a paper cover for a book—for Bear Achievements 2, Woodworking; 3, Using Rope; 4, Outdoor Games; and 5, Traffic Safety).

Because of this flexibility, the physically handicapped Cub Scout who is determined to advance should have no special trouble in doing so. He should be encouraged to go as far as he can with the regular achievements before his parents ask for substitutions.

Den Mothers and Cubmasters should try to help parents in drawing the line between expecting too much and too little. Some parents of handicapped boys may be inclined to approve their son's work on his first try, whether or not he has really expended much effort on it. Others may react in the opposite fashion, demanding more of him than he can reasonably be ex-

pected to achieve. The key is the Cub Scout motto Do Your Best. When the parents are convinced that their son has done his level best, they should approve his work and sign his book—but not before then.

Webelos Scouting is a transitional period between Cub and Boy Scouting. The program for these 10-year-old Cub Scouts is more advanced than for the younger boys.

Webelos Scouts do not work on achievements and electives. Instead, they have 15 vocational and hobby fields, called activity areas, that they begin exploring as soon as they join a Webelos den.

They no longer are passed by their parents—the Webelos den leader, or someone designated by him, approves the boy's work on an activity badge.

The Cub Scout motto should be used by the Webelos den leader in determining whether a Webelos Scout has earned an activity badge. Therefore, while objective standards are used, there is plenty of latitude for the Webelos den leader to exercise in deciding whether to pass a boy for a badge. A few activity badges may be beyond the capabilities of a handicapped boy, but he will be able to handle most of them.

A second phase of the Webelos program is the Webelos Award. This is an award the boy may begin working toward when he is within 3 months of his 11th birthday. Essentially, it is a prize for showing that he is prepared to become a Boy Scout. The Webelos Scout must learn and demonstrate that he can pass all the Tenderfoot tests.

Since some handicapped boys may have difficulty with a few of these tests, the Webelos den leader may want to begin working on them as soon as the boy joins his den, rather than wait until he is almost of Boy Scout age. With a full year to practice the Tenderfoot tests, most handicapped boys will be well prepared for their Scoutmaster's approval when they join a troop (see *Webelos Scout Book* and *Webelos Den Leader's Book*).

Advancement in Boy Scouting

Much of what has been said already in this chapter applies to Boy Scouting. Let us now add two general rules that can be

applied to almost any problem of advancement for handicapped Boy Scouts:

1. Expect the Scout to do his best toward meeting the requirements as written.
2. Make substitutions only when a requirement is clearly beyond the boy's physical capabilities.

Physically handicapped boys will find many ways of compensating for their disabilities. A boy who has deformed hands may prove to be exceedingly dexterous with his toes. Another who is paralyzed from the waist down may be quite capable of hiking in his wheelchair and of arm wrestling the strongest boy in a nonhandicapped unit.

The leader of an all-handicapped troop advises: "Demand that the boys put forth their best efforts physically in passing requirements. You will usually know how much to expect by observing the difficulty the Scout is having. When he reaches a point of frustration, *then* you can give him a helping hand with his activity."

Note that this leader advises a "helping hand" rather than substitution of requirements. This view is the consensus of most Scoutmasters whose troops include handicapped boys.

If a Scout can master a regular requirement with a small amount of help, let him do so rather than substitute. For example, a boy with deformed hands may not be able to sharpen a knife or ax completely without help. But if he can do it with the aid of someone who steadies his hands, let him do so and credit him for that Second Class requirement. In the words of another Scoutmaster of handicapped boys, "Make him go as far as he can."

The important thing is to give the boy a sense of achievement—the notion that he can do at least some of the things nonhandicapped boys can do. If substitutions are constantly being made simply because a handicapped boy's performance may not match that of others, the boy will soon realize that he is not getting the same Scouting that others are.

Improvising To Meet Requirements

Although substitutions for requirements are permitted in both Cub Scouting and Boy Scouting, they should be used *only when necessary*. If a boy can gather firewood and make a fire or set up a tent, he should be made to do so, even if it takes him much longer than it would a nonhandicapped boy. The fewer changes that are made in the regular requirements, the better it will be for the boy. He will have a much greater sense of achievement if he does the same thing as any other boy in completing each requirement.

Scout leaders have found that most physically handicapped boys *can* do most of the advancement requirements, although those with severe handicapping conditions may need more time and expend more effort to do them.

In these cases, substitutions should not be made so long as the boy is making progress toward completing the regular requirement. However, if it becomes clear that his efforts are doomed to failure, the requirement should be substituted, because it is especially important for a handicapped boy that he not experience constant failure.

Often, by exercising ingenuity, either the Scout leader or the boy himself can improvise a method for meeting a regular requirement that seems at first glance to be impossible. As one example, a wheelchair-bound Scout was able to complete First Class Requirement 4—the mapping requirement which demands that the Scout find the length of his stride. Since this boy had no stride, he measured the distance made by the wheels on his wheelchair in one revolution, and then counted revolutions to determine the distance he traveled. Using this method, he was able to complete that requirement without change or substitution.

But, improvisation is not possible on every requirement. For Second Class hiking, either the boy can hike or he cannot. There is no way to “improvise” a 5-mile hike.

Many Scoutmasters, however, have been able to develop techniques to help Scouts learn the things necessary for certain requirements. Often these techniques are simply demonstration gimmicks that help a Scout visualize better the skill he is



trying to learn.

Such demonstrations are especially valuable for boys who, although they may not be mentally retarded, nevertheless have perceptual difficulties that make learning hard. Some cerebral-palsied and brain-damaged boys have this problem. They are able to reason and handle abstract ideas as well as other boys but, because of brain damage, do not always perceive things as the others do.

Improvised Boy Scout Training Aids

The Scout leader often finds it helpful in teaching advancement skills to handicapped boys if he makes his demonstrations more graphic. Here are a few samples of such gimmicks:

TENDERFOOT

Knot-Tying.—Use large (at least $\frac{1}{4}$ inch) ropes and paint the ends in contrasting colors. This makes it easier for the Scout to follow the tying moves. "Walk through" the steps with each Scout until they are fixed in his mind.

Knowing the Scout Badge.—Make a jigsaw puzzle of the parts of the Scout badge. Have the boy put it together after he has learned the meaning of the parts.

SECOND CLASS

Compass.—Make a large mock-up of a compass, as shown on page 79 of *Troop Activities*. Use it for instruction until the Scout has compass points and degrees firmly fixed in his mind. A demonstration compass may be purchased through your local council office.

Orienting a Map.—The leader sketches the outline and furnishings of your meeting place. Show the Scout how this "map" is oriented by making it correspond with the room itself. From this simple demonstration, the Scout will understand how a topographic map is oriented in the field.

FIRST CLASS

Lashing.—Make a model showing poles lashed together and let the Scouts work from it on their own lashings.

Signaling.—Morse code by sound or flashing light is usually more practical for a handicapped Scout than wigwag or semaphore—except, of course, for a deaf Scout. Many troops have a buzzer set on which Scouts can practice sending and receiving. Others use flashlights, other types of lights, or a heliograph to train Scouts in the code.

When Substitutions Are Necessary

Substitutions sometimes are necessary. Five-mile hikes, backpacking, preparing a fire, lashing, even the Scout salute and the Tenderfoot knots—all these may be beyond the abilities of some boys with heart ailments or extremely crippling conditions.

It is for these Scouts that substitutions are permitted. The procedure is for the Scoutmaster and troop committee to make application to the local council advancement committee, using Application for Substitution for Basic Scout Requirements, No. 4434. They must indicate what requirements for Tenderfoot, Second Class, or First Class the boy cannot complete and why and what they propose to substitute for them. A physician must also certify that the boy has a handicap that bars him from certain physical activities.

The council advancement committee then considers the application and approves or modifies it so that the handicapped Scout is given requirements approximately near the ones being waived. For instance, for Second Class hiking, substitution of a nature or conservation merit badge is suggested; while other physical tests are recommended for First Class swimming. Where feasible, the substitution should be as nearly like the requirement being waived as possible.

For handicapped boys who have earned First Class rank and are working toward Eagle, a different form is used when it becomes necessary to make substitutions for required merit badges—Application for Alternate Eagle Rank Requirements, No. 6101. This application asks the district and council advancement committees to approve substitution for one or more of the 11 required merit badges for Eagle rank, is signed by the Scoutmaster and troop committee chairman, and requires the signature of the boy's father or mother and a physician's statement regarding the boy's disability.

Guidelines for Substitutions

The following list of acceptable substitutions for the requirements for Tenderfoot, Second Class, and First Class ranks will serve as a guide for Scoutmasters of handicapped boys. Substitutions are suggested for all requirements that might be impossible for physically handicapped Scouts.

These substitutions should be used only when a handicapped boy is unable to do the regular requirements. And they should be used selectively. That is, the Scoutmaster should not adopt the whole list of substitutes merely because the Scout cannot do one or two of the regular requirements; he should substitute only for the one or two.

TENDERFOOT

Requirement 2.—Explain the meaning of the Scout sign, salute, and handclasp. Tell when the salute is given. Explain why the handclasp is given with the left hand.

Requirement 5b.—Demonstrate respect for your flag by telling how to hoist, lower, display, fold, and salute it. Tell when to fly it. Have someone fold it under your direction.

Requirement 6.—Explain why the ends of a rope should be whipped and tell how to do it. Tell when each of the following knots should be used and why: square knot, sheet bend, clove hitch, two half hitches, bowline, taut-line hitch.

SECOND CLASS

Requirement 2.—Complete the requirements for one of the following merit badges: Astronomy, Atomic Energy, Bird Study, Botany, Chemistry, Forestry, Geology, Insect Life, Oceanography, Reptile Study, Soil and Water Conservation, Weather, Wildlife Management, or Zoology.

Requirement 4b.—Direct another Scout in setting a compass and use it to read at least three bearings in degrees.

Requirement 5b.—Plot on a map (preferably a topographic map) an orienteering route, using distances and degree readings given by your Scoutmaster or patrol leader.

Requirement 8.—Do two of the following: (a) Identify in the field Scout trail signs and Indian trail signs. (b) Identify animal tracks which might be found in your area. This may be done in the field or by using plaster casts or pictures. (c) In the field (preferably a wooded area) sit as quietly as you can for a half hour and observe all wildlife. Afterward, list all birds and mammals you saw and tell what they were doing.

Requirement 9.—Tell how to sharpen a knife and ax correctly and give rules for their safe use. In the field identify the best kinds of wood for whittling and tell when an ax should be used and when a bow saw would be better.

Requirement 10a.—In the field identify the best materials for tinder, kindling, and fuel wood. (b) Direct another Scout in

building a fire on a safe spot using not more than two matches. (c) Direct another Scout in cooking—without utensils—a meal from raw meat (or fish or poultry) and at least one raw vegetable. (d) Direct another Scout in properly disposing of garbage, putting out the fire, and cleaning up the cooking area.

Requirement 11c.—Direct another Scout in handling “hurry cases” of arterial bleeding and stopped breathing and tell what to do for poisoning by mouth. (d) Direct another Scout in giving first aid for shock and fainting. (e) Direct another Scout in showing, on himself, what to do for cuts and scratches, burns and scalds, blister on heel, bites or stings of insects and chiggers and ticks, skin poisoning from poisonous plants, sprained ankle, object in eye, nosebleed. (f) Direct another Scout in sterilizing a dressing.

FIRST CLASS

Requirement 2d.—Inspect all packs of Scouts in your troop before a backpacking trip. Show your knowledge of correct packing techniques by advising any necessary corrections.

Requirement 2e.—Direct other Scouts in pitching a tent correctly and use it for shelter during your encampment.

Requirement 2f.—Direct other Scouts in making a ground bed. Sleep on it during your encampment. **Note:** If a Scout’s physician advises against his sleeping on a ground bed, this part of the requirement may be waived.

Requirement 2h.—On at least one of your overnight camps, direct other Scouts in preparing from raw, dried, or dehydrated ingredients and cooking over a fire in the outdoors a complete breakfast of fruit, hot cooked cereal, hot beverage, and bacon and eggs (or pancakes); and a complete dinner or supper of meat (or fish or poultry), vegetable, dessert, and bread (or biscuits or twist).

Requirement 2i.—Direct other Scouts in cleaning up afterward, properly disposing of garbage and trash, putting out your fire, and leaving a clean camp.

Requirement 3.—Direct other Scouts in lashing poles together with shear, square, and diagonal lashings. Tell what size rope is best for the size of your poles.

Requirement 4.—Make a sketch map of an area in the field, using compass bearings, distances, and other information provided by other Scouts. Include map symbols indicating location of at least 15 landmarks, a north arrow, and scale in feet.

Requirement 8b.—Do any one of the following:

- (1) Travel 2 miles on skis or 1 mile on snowshoes or drive a dogsled for $2\frac{1}{2}$ miles.
- (2) Row a boat for 1 mile.
- (3) Hike 6 miles in 2 hours.
- (4) Climb an 18-foot rope hand over hand (without use of feet) in 25 seconds.
- (5) Complete the requirements for one specifically designated merit badge.

NOTE: The five substitutions for First Class swimming listed above are included in the Application for Substitution for Basic Scout Requirements, No. 4434. If, through rehabilitation, the Scout is able to do limited swimming, the following might be a substitution:

- (6) Jump feetfirst, if possible, into water preferably over your head. Swim at least 20 to 25 yards. During the swim, stop, make a turn, and resume swimming.

Or, if swimming and the five substitutions are impractical, the following possibility is given:

- (7) Perform six or eight physical development exercises for conditioning or gymnastic activities beyond normal rehabilitative exercising level to satisfaction of leader.

Requirement 10a.—Show that you have retained your Second Class first aid knowledge by being able to direct a Scout in demonstrating any of it asked for by your examiner. (b) Direct another Scout in using a triangular bandage for arm sling and as a binder for wounds on head, hand, knee, and foot. (c) Explain first aid for puncture wounds from splinter, nail, fishhook, dogbite, poisonous snakebite. (d) Describe how to recognize and care for victims of heat exhaustion, sunstroke, frostbite. (e) Explain danger of taking a laxative for stomach-

ache. (f) Direct another Scout in demonstrating first aid for fracture of collarbone, upper arm, forearm, lower leg. (g) Tell under what circumstances an injured person should or should not be moved. (h) Direct other Scouts in demonstrating walking assist, one-man and two-man carries. (i) Direct other Scouts in improvising a stretcher and transporting a presumably unconscious person.



The Trail to Eagle

No substitutions should be necessary for Star and Life Scout ranks, although some ingenuity may be needed to select a meaningful service project for the handicapped Scout to do for each of these higher ranks. But the merit badge require-

ments (five for Star and 10 for Life) allow plenty of latitude of choice.

For Eagle, however, the Scout must earn 21 merit badges, and in the regular route to Eagle 11 specific ones are required as follows: Camping, Citizenship in the Community, Citizenship in the Nation, Conservation of Natural Resources, Cooking, First Aid, Lifesaving, Nature, Personal Fitness, Safety, and Swimming.

Because some physically handicapped Scouts will find it impossible to meet the requirements for some of these badges, an alternate route to Eagle is permitted. By this route the Scout may be permitted to substitute for any of these required merit badges.

The method is for the troop committee chairman to fill out the Application for Alternate Eagle Rank Requirements specifying what merit badges the Scout cannot earn and also the merit badges proposed as substitutes. The application requires signed statements by the boy's parents and physician. It goes to the district advancement committee for approval.

The following guidelines have been laid down for permitting substitutions in required merit badges for Eagle:

- that the Scout completes as many of the 11 required badges as his physical ability permits before applying for an alternate badge
- that the Scout has qualified for as many of the requirements of the required merit badges as his physical ability permits
- that while ranks may be achieved by a Scout with a physical disability by qualifying for alternate merit badges, this does not apply to individual requirements for merit badges; these badges are awarded only when *all* of the requirements are met
- that the physical disability is of a permanent rather than a temporary nature
- that a clear and concise statement be made by a medical doctor stating definitely what physical activity the Scout can or cannot do

- that the Scoutmaster and board of review should explain to the Scout that to attain the Eagle rank a boy is expected to do his best in developing himself to the limit of his resources
- that the alternate merit badges chosen will be of such a nature that they are as demanding of effort as the original required badges
- that when alternate merit badges chosen involve physical activity, they are approved by the doctor
- that the Scout has shown an exceptional record in the qualities demanded by the Eagle rank: concern for others, ability to help others, ability to meet his responsibilities to patrol and troop, concern for self by improving his physical fitness to the limit of his resources, and a capacity for leadership

Who's Handicapped?

Troop 534 of Salt Lake City, Utah, made up mostly of handicapped boys, was named the outstanding troop in its district in 2 out of 3 years. It also won first place awards in the council Scout-o-rama for 8 out of 9 years.

Commented the Scoutmaster: "Scouting gives these boys their one chance to compete with normal, healthy kids and beat the socks off them."

chapter 6



What You Should Know About His Equipment and Appliances

"I became Scoutmaster and encouraged Freddie to become a Boy Scout as soon as he turned 11. Due to a series of leg and hip operations, he was able to drop his crutches and walk with braces and a single cane, but he missed out for a year until he was 12. Finally, Freddie was ready to become a Second Class Scout and I figured that he could do all the required activities—except, of course, the 5-mile hike. But the young Scout had other ideas. He announced to me that he had no intention of missing out on the hike and the next thing I knew I got a phone call one evening: 'Mr. Coker, this is ol' bucket and bolts Freddie. I made my 5 miles today. I started at 6:30 a.m. and finished at 4 p.m.' When I asked him if he had any discomfort he answered, 'except for a little rawness from the rubbing of my braces,' there had been no problem at all. From that experience I learned never to make exceptions for Freddie Goodwin."

Joe R. Coker, Norman, Okla.

—In performance, The President's Committee on Employment of the Handicapped, Washington, D.C.

Most of the equipment and appliances used by handicapped boys is quite sturdy and requires little attention. But there are certain things you should know about how the equipment is used and the adjustments that are sometimes necessary.

There is a wide variety of such gear, much of it custom-made to the needs of the individual boy. In this chapter we will cover only the more common items.

The first thing to understand is that a handicapped boy's appliance or other equipment has been prescribed by his physician for a specific medical purpose. It should *never* be removed or left behind without the physician's approval.

Dr. Chester A. Swinyard of New York University, an authority on rehabilitation medicine, says, "Even though the child may wish to abandon certain items to engage in specific Scouting activities, under no circumstances should the Scout leader remove a brace or prosthesis or provide physical activity without the child's usual equipment without previous discussion and permission from the child's physician. For example, a child in a wheelchair develops unusual fragility of his bones and a minor stress of no consequence to a nonhandicapped Scout might well result in a serious fracture in the handicapped Scout. It is pertinent to observe also that children in wheelchairs or with braces, or prostheses, who engage in physical activities frequently develop points of pressure or friction in their shoes, braces, or on the stump of their deficient limbs. After such activities the skin must be inspected for evidence of irritation."

Braces

Braces are mechanical appliances which are attached to the body because of muscle weakness, incoordination, or poor alignment of body parts. Braces are made of chromium-plated steel, aluminum, or plastic. The parts that touch the skin are covered with plastic or leather.

Nearly all leg braces attach to the heels of the shoes. There are four general types of leg braces:

Short Leg Brace.—This brace provides support across the ankle joint. It is used when there is weakness of the leg and/or



Short leg brace with shoe and foot plate attachments

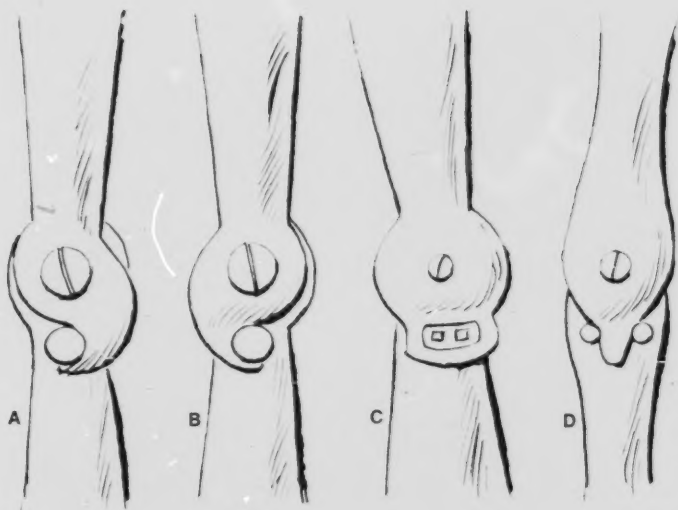
foot muscles or to position a foot properly with reference to the leg.

As shown in the drawing, provision is made for a boy's growth by having adjustable overlapping metal side bars. The side bars have several screw holes and three or four screws. If the screws loosen or are lost, the length of the brace *must not* be changed when they are put back in.

Note the attachment of the brace to the heel of the shoe. The ankle joint is made so that the angle which the long axis of the foot makes with the leg is about 90 degrees, and the foot cannot extend beyond that angle.

Sometimes ankle joints in braces are made with limited motion stops as shown. These permit only a small degree of movement of the joint.

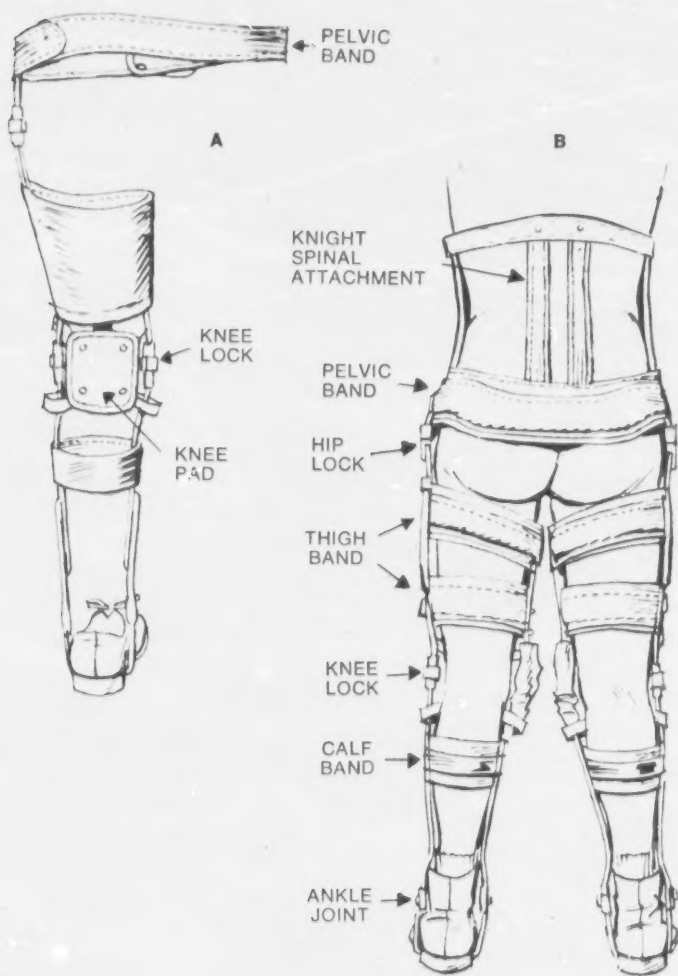
Most boys do not detach the brace from the shoe in undressing, but simply unbuckle the calf cuff, unlace the shoe, and remove brace and shoe together.



Ankle stops: **A**—Posterior 90° stop, **B**—Anterior 90° stop,
C—Limited motion, **D**—Limited motion

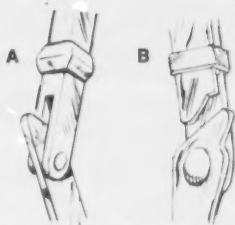
Long Leg Brace.—This type of brace extends to the mid-thigh and has a knee joint. There is usually a knee pad attached to the side bars above and below the knee. As the weight of the body goes through the knee, there should be even pressure on the thigh band, knee pad, and calf band to hold the leg in proper alignment in its brace. To sit, the boy must unlock the knee joint and lock it to stand. There are two types of knee joints—the ring lock and the Swiss lock.

When the boy is standing, the ring is over the brace joint, locking it, and is held in place by a ball bearing. When the boy wishes to sit, he pulls the ring upward over the ball bearing, thus releasing the lock and allowing him to flex the knee. Most boys can lock and unlock the joint themselves. If they have trouble unlocking it, it is usually because the knee is still partially flexed and the ring will not slip over joint. If a boy needs help, apply pressure to straighten joint so that ring slides into locked position.



Rear view of lorig leg braces: **A**—Unilateral with pelvic band, **B**—Bilateral with Knight spinal attachment

The Swiss lock is a round bar that passes behind the knee. The boy lifts the bar to unlock the knee joint. It locks automatically when the knee is straightened fully. Because the lock may open accidentally if the control bar is bumped, this type of lock is less common than the ring lock. (Not illustrated)

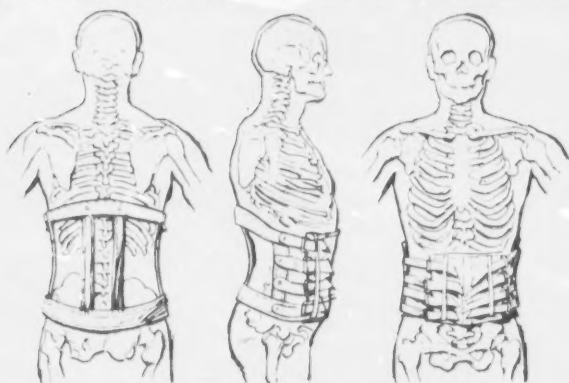


Ring lock knee joints:
A—ring lock
B—ring lock with ball-bearing spring stop

Pelvic Band Brace.—This brace, as shown, has knee and hip joints as well as an ankle joint. The hip lock operates in the same way as the knee lock. Sometimes pressure points develop around the hip and pelvic area if pelvic band is too tight.

Long Leg Brace With Knight Spinal Attachment.—This is a long leg brace with a spinal brace attached. The spinal brace has a pelvic band, two side bars, two posterior upright bars, and a thoracic band that fits just below the shoulder blades. The canvas corset that laces in front of the abdomen is anchored to the two side bars of the spinal brace.

Many boys who wear this type of bracing have such muscle weakness that they will also need to use wheelchairs. The



Pelvic band brace

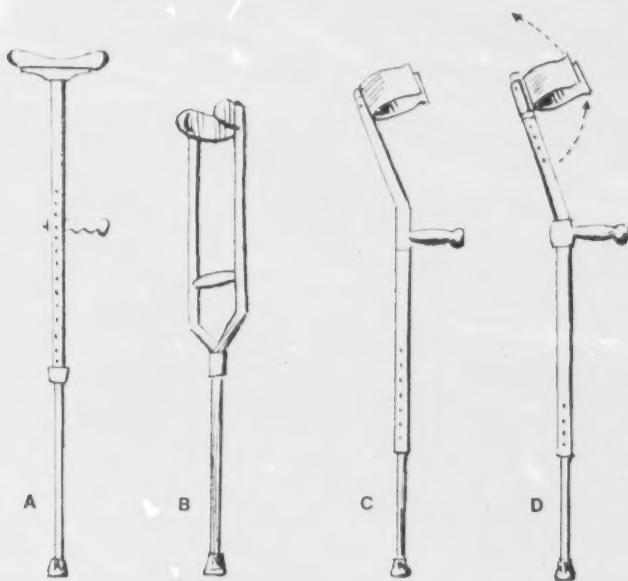
bracing keeps them from literally collapsing into a distorted posture that might in time become permanent and thus further handicap them.

Crutches

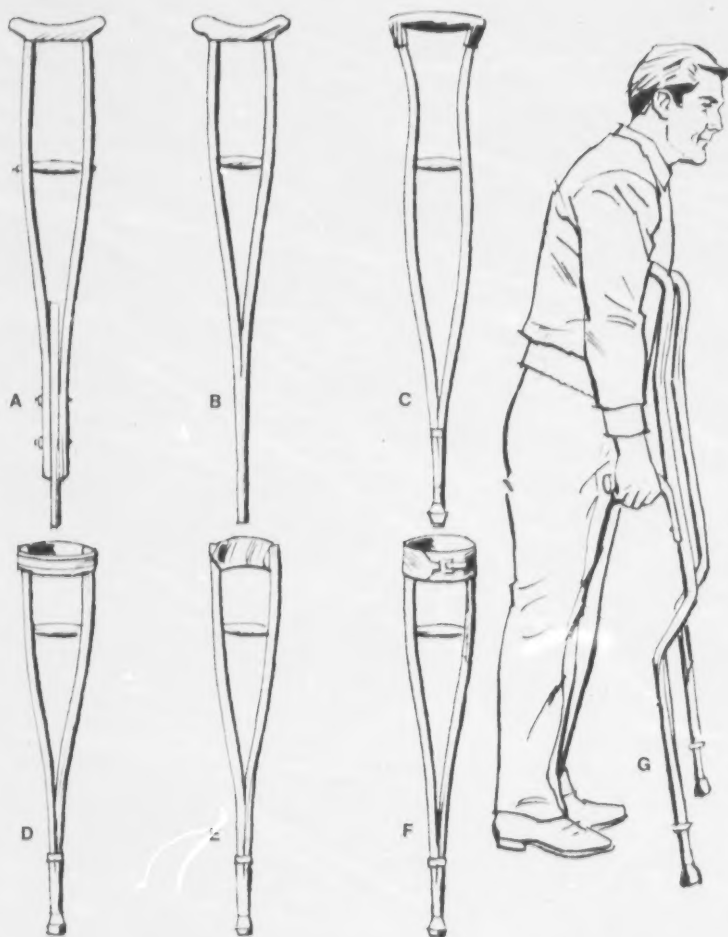
Most boys who wear braces will also use crutches. Some are adjustable, and the physician must decide the crutch length and change it as the boy grows. Neither the boy nor his Scout leader should make any changes in crutch length.

Crutches are used with different gaits, and any boy who has crutches will have been taught the best gait for him. A gait that is medically appropriate for one boy may not be for another.

There are several types, some of which are shown here.



A—telescopic underarm aluminum crutch; B—single-upright arm aluminum crutch with U-shaped cuff; C—forearm aluminum ortho-crutch, adjustable from floor to hand, stationary forearm piece; D—forearm aluminum ortho-crutch, adjustable floor to hand and forearm piece.



A—adjustable axillary crutch; B—permanent axillary crutch; C—spring-top axillary crutch with Whittemore tip; D—forearm crutch with closed leather circle cuff; E—forearm crutch with U-shaped metal cuff which may be covered with leather; F—forearm crutch with open circle cuff, closed by leather strap and buckle; G—"Ortho-crutch"

Wheelchairs

A boy's physician will have prescribed the type of wheelchair that best meets his needs.

The most common type is shown here. It may be made of chromium-plated steel or aluminum. It has large rear wheels with hard rims, 7-inch front castors, swinging footrests that are adjustable and detachable, and removable side arms. The back and seat are made of pliable plastics.

A Scout who uses a wheelchair may keep a smooth board beside him to be used when he wants to get out. He locks the wheels, removes the chair side arm, and then slides from the chair to the object he wishes to reach. He may need some help in doing this.

Two features of many wheelchairs should be noted. First, the side arms and footrests may detach when they are pulled upward. Therefore, if you are assisting a Scout in such a chair, *do not* grab the side arms or footrests. Second, notice the size of the front castors—some castors are only 3 inches in diameter. Chairs with castors this small will be stopped by very small obstructions—as little as 1 inch—and the person pushing it may suddenly find the handles pushed into his stomach.

On hikes, even on fairly smooth terrain, here are some tips for aiding boys in wheelchairs:

- the wheels should always be locked when the chair is not moving
- in going *up* slopes and ramps, push the chair forward
- in going *down* slopes and ramps, wheel the chair backward
- in going *up* over curbs, use the small foot bars to tilt the chair backward, while in going *down* over curbs, turn the chair around and go backward
- never push a wheelchair at running speed
- if the boy requires straps to hold him in, be sure they are fastened—even while the chair is stopped

- a wheelchair should be clean, well-oiled, in good repair, and the wheel spokes tightened with the same tool used for bicycle spokes

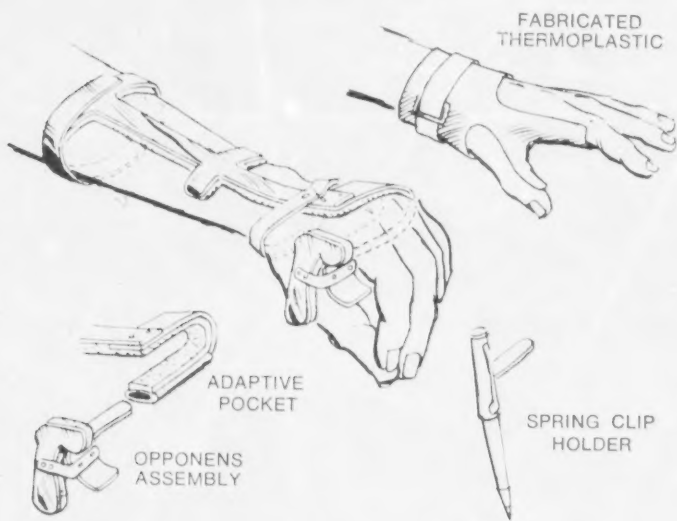


Folding wheelchair with (A) detachable armrests, (B) swinging (detachable) footrests, and (C) toggle brakes

Splints

One of the major objectives of rehabilitation is to help a boy achieve the greatest possible use of his hands. Some kinds of handicaps result in considerable weakness or incoordination of hands. A common problem is the tendency of the thumb to be folded into the palm, unable to move to the side of the hand for use in grasping objects.

Only one variety of hand splint is shown here—it is a thumb splint which brings the thumb out from the palm and holds it in a position, enabling the boy to grasp things with thumb and fingers. Other, more complex, splints may extend above the wrist and help the palm and/or fingers position properly. These splints are tailor-made to the boy's requirements.



Function: Prevents wrist drop; opposes thumb; provides pocket for adaptive devices for activities of daily living.

Hand splints designed to achieve more effective use of the hand

Prostheses

A prosthesis is an artificial substitute for a missing part of the body—usually a hand, leg, or eye. There are many kinds of prostheses, and it is not feasible to cover all of them in this pamphlet. We will concentrate on one of the more common types—the artificial forearm and hand.

Even the finest prosthesis falls far short of the efficiency and versatility of the normal limb. Through experience, physicians have learned that a boy will not wear a prosthesis unless it performs one or both of the following functions:

- enables him to do things he couldn't do without it
- provides an appearance of partial normality

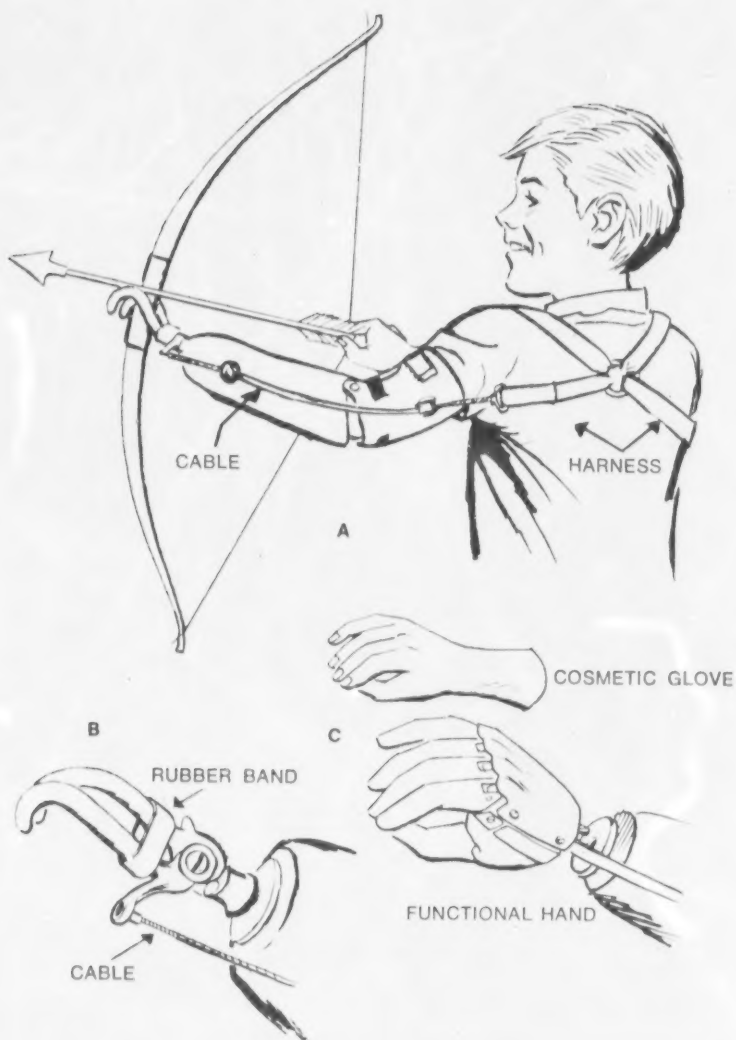
For Cub Scout-age boys, the most important feature is the contribution the prosthesis makes to physical activity. As boys near the Explorer-age years, the appearance of the device becomes increasingly important. Thus, you may find that some boys will have two types of artificial hands—one for function and one for looks.

The device which is concerned with efficiency is probably a hook which the boy operates by a downward-forward movement of the shoulders. This movement causes a cable to open the hook against the resistance of some elastic bands. When the pressure is released, the elastic bands pull the hook closed. Boys who have used a hook prosthesis for some time can become quite proficient.

The second major type of artificial hand is called a cosmetic hand. The hand may be custom-made and at casual inspection is almost indistinguishable from a normal hand, but it has no function whatsoever.

There is a third type, intermediate between the hook and the cosmetic hand, called a functional hand—it has the advantage of giving the boy the ability to grasp an object.

A few Scouts may have a fourth type of device, called an externally powered prosthesis. This may be operated by carbon dioxide gas or electric power from a battery. It is activated by highly amplified electrical signals which are picked up by



Prostheses: **A:** prosthesis for below-elbow amputee, showing cable and harness attachments (dotted line indicates forearm) **B:** detail of hook **C:** prosthetic functional hand with and without cosmetic glove (larger drawing shows hand unattached)

skin electrodes placed over a suitable muscle. It is a functional prosthesis.

Repairing Prostheses.—During Scouting activities, a prosthesis might be damaged—such as a cable might be broken or a shoulder harness torn. When this happens it is essential that the cable or harness be repaired precisely as it was before.

If you or the boy can't do it, the boy should return to his physician or prosthetist, who will supervise repair. As a rule, the more complex externally powered prosthesis cannot be repaired by anyone but a skilled prosthetist.

Triumph!

Scouts in an all-handicapped troop in Sioux Falls, S. Dak., wouldn't let little things like braces and wheelchairs keep them from passing the Second Class hiking test. Said the Scoutmaster:

"On two different occasions some of our Scouts hiked the full 5 miles to a nearby lake, propelling their own wheelchairs or walking with crutches and braces. Climbing even the gentle slopes was not easy; but, on the crest of each hill, every Scout's face seemed to beam triumphantly, 'I knew I'd make it!'"

chapter 7



Common Disabilities

Handicapping conditions create very difficult psychosocial problems for the boy and his family. In some instances, a family has overprotected, overindulged, and overemphasized the handicap by preventing the boy from having social experiences that would develop him and give him a sense of belonging and doing some of the things that all boys enjoy. On the other hand, some handicapped boys are actually rejected by the family and have had few socializing experiences.

Regardless of which of these extremes of reaction have impaired the boy, Scouting presents him with an opportunity to participate to the extent of his ability in the educational, recreational, and character and citizenship building programs that are inherent objectives of Scouting.

—Chester A. Swinyard, M.D., Ph.D.,
Professor of Rehabilitation,
New York University Medical Center

Some common handicapping conditions that a Scout leader might encounter are described in this chapter. Space does not permit inclusion of all handicapping conditions, and leaders who wish to know more about a specific physically handicapped disability are urged to consult the various books or agencies listed in the Appendix.

Some symptoms might not apply to every boy with a given disease, or a boy might exhibit some symptoms that are not mentioned here. Therefore, the Scout leader should be sure to find out about an individual boy's disability and what it means in terms of his life as a Scout. This information can be usually obtained through the boy's parents.

Cerebral Palsy

The term cerebral palsy covers a number of neurological conditions which are characterized by defects in muscle functioning. All these conditions involve brain defects or damage, which may have resulted from a developmental problem before birth or from damage either before or after birth. Only about 10 percent of the children with cerebral palsy acquired the defect after birth.

Cerebral palsy is not progressive—this means that the child will not get worse. In some situations, his condition may actually improve.

Nerve cells killed by a brain injury do not restore themselves. If merely damaged, they may recover. There may be certain reorganizational capacities and compensations that occur with time and bring about partial restoration of the child's normal function.

This recovery is seen in children who through an accident have developed cerebral palsy. For example: A child of 5 who has had 4 years of practice in walking, 5 years of normal sight and hearing, and has developed speech and language may have all these functions virtually eliminated for a long time by severe brain injury. In many instances, he may achieve a surprising degree of recovery as injured areas of the brain improve. However, the child may still have neuromotor, speech and language, sensory, and other defects.

No two children are affected in exactly the same way by cerebral palsy. The condition ranges in severity from a few children who are completely dependent in every way—no speech or language—to some in whom the condition is hardly recognizable.

Degrees of effect of the four types of cerebral palsy are not always clear-cut and frequently overlap:

Spastic Cerebral Palsy.—Includes about 50 percent of cerebral-palsied persons; characterized by stiffness and tightness of muscles; child walks with a very stiff gait, if he can walk at all; if one group of muscles is tighter than another, the child's limbs may assume unnatural positions.

Athetoid Cerebral Palsy.—Includes about 25 percent of children with cerebral palsy; characterized by involuntary movements while at rest; this uncontrollable motion intensifies when the child is excited.

Rigidity Cerebral Palsy.—Similar to spastic cerebral palsy, but often more severe because more muscles are affected; often more severe because muscles are stiffer with varying degrees of rigidity.

Ataxic Cerebral Palsy.—Children with this type have a drunken, reeling gait; muscles are softer, usually a moderate amount of weakness, tendency for the child's gait to improve over the years.

There are several side effects that cerebral-palsied children might have. These include:

Speech and Language Problems.—Nearly all children with cerebral palsy will have speech and language difficulties. First, there are difficulties caused by stiffness and incoordination of muscles in the jaw, tongue, and face, making it hard to form words. Second, there is the more complex trouble related to injury of the speech formulation centers in the brain—the child is unable to formulate speech symbols and express them; or, he may not be able to understand the meaning of sounds.

Drooling.—You may notice that many Scouts with cerebral palsy are constantly drooling. This is because the muscles that

control swallowing are affected, and so swallowing becomes a conscious act which is hard to accomplish.

Visual Handicaps.—About two-thirds of cerebral-palsied children have visual handicaps, usually because eye muscles are affected. Many undergo surgery to correct the muscle balance and straighten their eyes.

Seizures.—About half of the children with cerebral palsy have had one or more convulsions or seizures. These boys will probably be taking regularly an anticonvulsant medication (usually a pill or solution) during the day. The Scout leader should know what the child is taking, how much is taken per dose, how often it is taken, and that the boy has an adequate supply for the duration of his Scout activity.

Mental Retardation.—About two-thirds of all children with cerebral palsy have some degree of mental retardation. It may range from very moderate to so severe that the child is completely ineducable, but the large majority of cerebral-palsied children are educable. The pamphlet *Scouting for the Mentally Retarded* will be helpful to leaders of boys with moderate degrees of retardation.

Progressive Muscular Dystrophy

The term muscular dystrophy encompasses a group of progressive muscular diseases. All are characterized by progressive deterioration of skeletal muscles—cause unknown.

Boys with any type of muscular dystrophy should take part in Scout activities that they can do without undue fatigue. They should not be permitted to become tired—but they should have some exercise. If they don't, the inactivity will result in further weakening of the muscles because of disuse. This may cause the boy to become incapacitated months or even years before progressive weakness makes it necessary. The Scout's physician (perhaps through the parents) can advise the leader about his capacities.

There are four general types of muscular dystrophy. They are:

Duchenne.—The most common and most serious type begins between the ages of 2 and 10, with weakness appearing in the muscles of the lower trunk, hips, and legs. The weakness progresses gradually up the trunk. Patients succumb to respiratory infection or to cardiac failure because the heart also becomes affected by the dystrophy. Death usually occurs before the age of 20. Most boys of Scout age who have muscular dystrophy will have this relatively rapid progressive type.

Limb Girdle Type.—The second most common type is less severe than the Duchenne and can appear in a person anytime between the ages of 10 and 40. The initial weakness may be in either the hip or shoulder area and progresses in the opposite direction.

Fascioscapulohumeral Type.—The third most common type begins between the ages of 10 and 18. The muscles first affected are those of the face, shoulder, and arm. This type progresses so slowly that the patient's life span is not significantly shortened, although in adult life he may need a wheelchair.

Myotonic Dystrophy.—The fourth type is characterized by delayed muscle relaxation after a strong voluntary contraction. It is associated with the development of cataracts, frontal baldness, and degeneration of the sex glands. It progresses slowly and may not be severely disabling until late in adult life.

Progressive Muscular Atrophy

The term muscular atrophy covers a number of poorly understood neurological diseases. They are characterized by either the failure to develop or the progressive degeneration of certain cells in the spinal cord. These are the cells that send out processes to the muscles and transmit electrical impulses that cause muscle contraction. The result is widespread muscle weakness.

We shall discuss only two of the conditions called progressive muscular atrophy. Appliances needed by children with any of the forms of muscular atrophy will vary with the extent and location of the muscle weakness.



Oppenheim's Disease.—There is considerable evidence that this type (also called amyotonia congenita and given other designations) may not be progressive. Children with Oppenheim's Disease are born with universal muscle weakness, but the weakness appears to be static rather than progressive. With the aid of antibiotic drugs, many of these children can live to adult life and it is not uncommon to find them of school and Scout age.

Boys with muscular atrophy will have a much lower than normal degree of stamina and endurance. With their almost universal muscle weakness, they cannot breathe deeply. A normal Scout might be able to inhale nearly 2 quarts of air in a deep breath, while a Scout with Oppenheim's Disease could inhale only a half-quart.

The boys with this handicap are correspondingly impaired in their efforts to combat an upper respiratory infection. For this reason, *any infection* of the upper respiratory tract is a serious matter and must be treated at once to avoid pneumonia.

Werdnig-Hoffman Disease.—This is the rare progressive variety of infantile muscular atrophy; it is more severe than Oppenheim's Disease and is not commonly seen in Boy Scout-

ing. Affected children are born with extensive muscle weakness that seems to progress rapidly and usually leads to death between the ages of 10 to 12. (Thus, as a rule, boys with Werdnig-Hoffman Disease would not survive to the later Boy Scout years, but would be more commonly found in Cub Scouting.)

Spina Bifida

Spina bifida is a birth defect characterized by failure to develop that part of the vertebra that covers the spinal cord. As a result there are two small spines, one on either side of the midline of the back rather than one running down the center.

One type can be detected only by X rays and causes no disability. Probably 40 percent of all children have some form of this type.

However, in about two of every 1,000 live-born infants, the defect is so pronounced that a large, thin-walled sac containing a defectively developed spinal cord bulges out from the lower back.

Children with this latter defect have variable degrees of weakness in muscles which are caused by the part of the spinal cord that is defective. They also have a loss of skin sensation in the same areas, loss of bowel and bladder control, and, in about three-fourths of the cases, rapid enlargement of the head because of increased fluid pressure in the brain.

The majority of boys with spina bifida will have had, as young children, greatly enlarged heads due to failure of their bodies to absorb naturally the cerebral spinal fluid that is secreted by membranes in the brain. Most will have undergone surgery to correct this, and probably by the time they reach Scouting age their heads will be proportionate to the rest of their bodies. Although there may be some degree of effect on their intelligence, they probably will be able to compete intellectually with nonhandicapped Scouts.

Twenty years ago many of these children died before reaching the age of 12. Today, because of a better understanding of the defect, antibiotic drugs, and improved surgical techniques, many survive into adulthood.

In about 90 percent of the cases, muscle weakness is confined to the lower limbs. Usually a boy with spina bifida will require braces for some time. Some will have had surgery to prevent dislocation of the hip or deformity of the knees or feet.

Since the skin of the lower limbs is insensitive to touch, pain, and heat, care must be exercised to avoid irritation or burns. At the end of Scout activities, the feet and legs of boys with this defect should be examined to see if there is any redness or blisters from tight shoes or braces.

Urinary Problems.—Boys with spina bifida cannot control their bladders because the muscles which expel urine do not receive normal stimulation from the spinal cord. Sensation of bladder fullness is also impaired. For these reasons, as the urine accumulates there is no sensation of fullness until pressure may force the dribbling of urine. The boy probably will have been taught to go to the bathroom at regular intervals and press the lower abdomen downward and forward to force the maximum amount of urine from the bladder. But there is constantly a pool of urine in the bladder which frequently becomes infected.

Some boys with spina bifida will require urinary collection devices since they cannot urinate voluntarily. Many will have been fitted with thin latex rubber sheaths which are fitted carefully over the penis. These penile sheaths include a reservoir with a plug at the lower end. Boys who wear such appliances will be able to go to the toilet and unscrew the plug to empty the reservoir.

If a urinary device becomes detached from the penis, the boy usually is able to put it back on. If it should become damaged, under no circumstances should the boy be permitted to borrow one from another boy, because each bag is carefully fitted to the boy's needs, and serious difficulty can arise if it fits incorrectly.

A boy whose upper urinary tract has had repeated infections may have undergone an operation which provides an opening in the lower right portion of the abdomen. Urine passes through this opening into a rubber reservoir cemented to the skin. Boys

who have had this operation will know how to detach, empty, and reapply this appliance.

Heart Defects

The human heart is a highly efficient muscular pump. It starts beating after only 25 days of embryonic development. In an average 12-year-old boy it contracts 103,680 times every day—pumping more than 1,600 gallons of blood to all parts of the body.

Heart disease in children generally takes one of two forms. Most commonly, it results from a developmental defect which diverts the blood stream either into a wrong series of channels or creates unusual resistance with a corresponding increase in the heart's work load. The second type of heart disease results from defects in the valves, usually from rheumatic fever.

In recent years there has been a marked decrease in heart disease as a result of infection and rheumatic fever, because of closer attention to infection and prompt treatment.

Boys with heart deficiencies will have undergone a variety of diagnostic procedures. Many will have had surgery to correct defects, but often the efficiency of the heart will still be less than normal. Thus, because the heart is vulnerable to infection, these boys will have to take medication regularly.

Boys with heart diseases will have had a number of years of experience in adjusting to their limitations. There is little danger that they will exceed the limitations they know so well. Nevertheless, it is unwise to place these boys in competitive sports situations where they may be tempted to overexert themselves.

In other ways heart disease patients may not be handicapped and appear to be as normal as other Scouts.

Limb Deformities

Limb deformities at birth are a relatively uncommon type of handicap. Most involve the absence or partial development of one or more bones of the limb. There is a large variety of such deformities, when they do occur, since they may involve one or more of the four limbs in any combination.

Left-Arm Deformities.—For some unknown reason, more than 60 percent of the children who are born with deformed limbs have the left arm missing at a point about 3 inches below the elbow. In another 15 percent, the left arm ends 2 or 3 inches above the elbow. Thus, in spite of the almost infinite variety of possible deformities, three-fourths of them involve the left arm.

Phocomelia (Seal Limb).—One of the most common types of deformities (other than those involving the left arm) is called phocomelia or seal limb. In its extreme form, the arms and forearm bones are missing and the wrist and hand bones are attached to the shoulder. These seallike flippers are often too short for the child to feed himself. The cause of congenital limb deformities is completely unknown, except in the case of the "thalidomide babies." It was established several years ago that mothers who took the sedative drug thalidomide during pregnancy ran a high risk of giving birth to babies with missing limbs. But, there obviously are other unknown causes of this limb deformity since they occurred before the advent of thalidomide and are still occurring after thalidomide was withdrawn from the market.

Amputations.—In addition to limb deformities at birth, there are similar handicaps resulting from amputation, either by surgery or serious accident. A boy who loses a limb (or part of a limb) may have the same physical disability as one born with a limb deformity. However, his emotional reaction to it is likely to be much stronger during the period of adjustment to his new handicap.

Epilepsy

Epilepsy is not a disease. Rather, it is a nervous disorder due to an abnormal discharge of nervous energy in an injured portion of the brain. It may be caused by anything that damages nerve cells in the brain such as a blow, an infection, inadequate blood supply, metabolic defects, poisons, tumors, or kidney diseases—in most cases, however, the actual cause is not known.

There are four major classifications, according to the Epilepsy Foundation. In children, the most common forms of seizures are grand mal and petit mal; but for medical purposes grand mal and focal epilepsy require more attention. The four classifications are:

Grand Mal.—Seizures are characterized by unconsciousness and convulsive movements; the person may utter a cry, fall, and jerk in all his limbs; notify parents and learn what medical assistance they recommend if this has not previously been done in an interview.

Focal.—Seizures arise from discharges that are localized in the brain and generally produce twitching movements in only one part of the body; seizures usually last only a few seconds.

Petit Mal.—In a seizure, the person may stare blankly or blink rapidly; sometimes there are small twitching movements in part of the body; seizures usually last only a few seconds.

Psychomotor.—Seizures may take the form of movements that seem to be purposeful, but actually are irrelevant to the situation, such as chewing motions or smacking of the lips; no need for medical concern.

In most cases of epilepsy, since the cause is not known, treatment is aimed only at preventing major seizures. This is usually done by medications that must be taken regularly. By these means, the Epilepsy Foundation reports, "In at least half of all cases, seizures can be completely controlled . . . (and) about another 30 percent of all cases can gain partial control."

If you have an epileptic Scout, his parents or physician should tell you about his condition, to what extent his activities should be limited, and help you to preplan procedures in event of a seizure. For most boys, however, the disorder is not really handicapping and they can take part in most Scout activities if this information is known.

Nevertheless, a Scout leader should be prepared to cope calmly with the situation if a Scout has a seizure. Grand mal or focal seizures are usually not medical emergencies; however,

parents should be notified when a seizure is occurring and advice of a physician should be sought.

Usually a seizure lasts only a few minutes. The boy feels no pain, and as a rule the only danger to him is when he falls. Often a boy who has had seizures before will recognize the beginning of another and will be able to sit or lie down before he loses consciousness.

If a Scout has a seizure:

- gently move him to a side-lying position
- do not restrain his movements
- do not douse him with water or slap him
- do not place a finger or hard object between his teeth; a rolled cloth placed there will prevent lacerations of the tongue
- remove nearby objects that might injure him

A seizure should be handled as matter-of-factly as possible. Reassure the other Scouts that the disorder is not contagious and that they have nothing to fear—either for themselves or for the epileptic Scout.

When the seizure ends, the boy may feel drowsy and go into a deep sleep. When he awakens, he may have a headache and appear sluggish. Do not question or disturb him at either time.

Brain Damage

If a child has suffered organic brain damage, either before or after birth—but does not have an obvious motor handicap which could be called cerebral palsy—he is called brain-damaged or brain-injured.

Outwardly he may appear quite normal; physically, he often is. He may, however, have seizures or convulsions as cerebral-palsied children sometimes do.

The brain-damaged child probably will have difficulties in comprehension, learning, behavior, and speech and hearing. In many cases, such damage is not diagnosed for months or possibly years.

It has been estimated that children with undiscovered brain injuries make up 15 percent of all juvenile delinquents.

Often the brain-injured child is hyperactive, nervous, restless, and moves compulsively with no apparent purpose. He may have motor coordination problems that limit his functional activities.

In very severe cases, the child has great trouble remembering anything; he may not recognize his own parents after a few weeks' separation. But, on the other hand, some brain-injured children have high intelligence as measured by IQ tests—nevertheless, their behavior may be destructive or bizarre because of their brain injury.

The brain-injured child may be treated by medication or psychotherapy or both. The Scout leader who has brain-injured boys in his unit should confer with their parents or physicians so that he will be able to understand their behavior, know what to expect, and know any specific limitations the boys may have.

Mongolism

Mongoloid children are mentally retarded and also suffer from various physical handicaps. As implied by its name, children with this birth defect have, to a certain extent, the facial appearance of Oriental people. This is caused by a fold of skin which arches downward near the inner border of the eye.

Mongolism is caused by a genetic defect. Mongoloids have one more chromosome than normal people, and the result is numerous biochemical changes in the developmental process. The defect occurs once in 600 live births.

Mongoloid children are also likely to be potbellied, dwarfish in appearance with short, stumpy limbs, and have short, flat noses and faces with open mouths. About 40 percent are born with heart defects, and 60 percent die before they reach Scout age. In spite of this dismal picture, each year there are many Mongoloid boys reaching Scout age who can benefit from a modified Scout program.

Since they are mentally retarded, Mongoloids generally cannot progress beyond sixth-grade level. They appear not to have any outstanding physical disability. They can walk and run without limping but they are not well coordinated and appear

to fatigue easily. The Mongoloid child is usually well-behaved, responsive and obedient, and a pleasant and happy youngster.

So far as Scouting is concerned, the problems of Mongoloid Scouts are more intellectual than physical. Leaders whose units include such boys should refer to *Scouting for the Mentally Retarded*, No. 3058.

Poliomyelitis

Poliomyelitis is no longer the fearful scourge that it was when you were young. With the development of effective polio vaccines during the 1950's, polio epidemics became a thing of the past. No longer are there tens of thousands of paralytic cases each year; now the number is only about a hundred annually in the whole nation.

Nevertheless, you may have older Scouts or Explorers who were affected by polio before inoculation by Salk and Sabin vaccines became readily available, thus ending polio as a major crippling disease.

Polio is caused by three specific types of viruses which destroy or injure nerve cells of the spinal cord or brain. If the virus affects a majority of nerve cells in any one area, paralysis (which may be only temporary if the cells are not killed) will result.

Boys and young men who have had severe attacks of polio are likely to require braces, crutches, or wheelchairs. Some may have undergone surgery to eliminate or prevent deformities or to restore a measure of useful function to their paralyzed limbs.

By the time they get into Scouting, however, they probably will no longer be ill. But because they may have had several years of normal life before the disease struck, these young men may still have strong emotional reactions to their crippled conditions. Scouting or Exploring can offer them a chance to get back into the world of normal young manhood.

Diabetes

This is the least handicapping of all diseases for which there is no cure. An estimated 3 million Americans (children and

adults alike) have it, although half of them don't even know it.

The common symptoms are excessive thirst, copious urination, and hunger. There may also be weight loss, tiredness, itching, blurred vision, and skin infection.

Diabetes is a disorder in which the body fails to make proper use of sugar, and so the sugar accumulates in the blood and often passes in the urine. The cause is unknown, although it seems often to be an inherited tendency. If not controlled, diabetes can cause death.

The principal methods of control are diet, medication, and exercise. The medication given is insulin, a natural substance which is indispensable to the normal body. It is injected by hypodermic needle by the diabetic patient himself. The Scout leader should learn from the parents if the boy is capable of administering the injection himself or what arrangements must be made to train someone else to take care of it.

The Scout leader needs to know the diabetic boy's diet, particularly on camping trips; whether the boy will adhere to the diet without aid; and his schedule for medications.

He should also know what to do if a Scout has an insulin reaction (insulin shock). This may occur if the boy takes too much insulin or does not eat enough after taking insulin. The warning signals are shaking, weakness, fatigue, drowsiness, extreme hunger, and sweating. Usually the Scout will recognize the symptoms and treat them by eating lump sugar or drinking orange juice. If the boy loses consciousness or can't swallow, call a physician at once.

Another possible problem is a condition called diabetic coma that may occur if the boy is not following his diet exactly. He may begin to feel drowsy, breathe with difficulty, feel nauseous, have severe abdominal pains, and, in the later stages, become unconscious. When you observe such symptoms, call a physician at once to administer his insulin.

Appendix

Checklist of Abilities and Limitations

This checklist covers most of the things a Scout leader might need to know about a handicapped Cub Scout's, Boy Scout's, or Explorer's abilities and limitations. Many of the questions will not apply to those boys or young men whose handicaps are not severe.

The list may be mimeographed and a copy given to parents to fill out and return with their son's membership application, or it can be used by the Scout leader in his first meeting with the boy and his parents. The leader may want to file the checklist with the membership application in his records for safe-keeping.

Member's name _____

What is his handicap(s)? _____

Can he walk without assistance? _____

With assistance? _____

Use crutches? _____

Wheelchair? _____

What other aids? _____

Does he wear braces? _____

What type? _____

Can he adjust them? _____

Does he wear a prosthesis? _____

Can he adjust it? _____

If not, can he direct others? _____

Does he wear a helmet for
protection against falls? _____

Can he feed himself? _____

What help is needed? _____

Does he need a special diet? _____

(If so, attach list.)

Does he dress himself? _____

What help is needed? _____

Does he go to the bathroom
alone? _____

What assistance is needed? _____

Does he wear a collection
device? _____

Does he have normal vision? _____

Wear glasses? _____

Does he have normal hearing? _____

Wear hearing aid? _____

Does he have any allergies? _____

If so, specify. _____

Is he taking medicine of any kind? _____

What type(s)? _____

Can he administer it himself? _____

If not, who does it? _____

Does he have a written
medication schedule? _____

Does he have sufficient
medical supply for duration
of Scout activity? _____

Resources for Working With the Handicapped

SCOUTING PUBLICATIONS

Application for Substitution for
Basic Scout Requirements, No.
4434

Bear Cub Scout Book, No. 3208

Boy Scout Handbook, No. 3227

Boy Scout Requirements, No.
3216

Boy Scout Songbook, No. 3224

Boys' Life, monthly publication of
Boy Scouts of America

Charter and Bylaws of the Boy
Scouts of America, No. 4488

Crafts for Cub Scouts, No. 3843

Cubmaster's Packbook, No. 3210

Cub Scout Activities, No. 3837

Cub Scout Songbook, No. 3222

Den Leader's Book, No. 3212

Exploring Sales and Organization,
No. 3107

Fieldbook, No. 3201

Games for Cub Scouts, No. 4392

Organizing a Boy Scout Troop, No.
3050

Organizing a Cub Scout Pack, No.
3824

Scout How Book, No. 3218

Scouting for the Mentally Re-
tarded, No. 3058

Scouting for the Visually Handi-
capped, No. 3063

Scouting Magazine, bimonthly
publication of Boy Scouts of
America; includes Program
Helps for leaders

Scoutmaster's Handbook, No.
3500

Staging Den and Pack Cere-
monies, No. 3214

Teaching First Aid, No. 7316

Troop Activities, No. 3501

Troop's First 6 Months, The, No.
3104

Webelos Scout Book, No. 3209

Wolf Cub Scout Book, No. 3207

NON-SCOUTING PUBLICATIONS

Adapted Physical Education,
American Association for
Health, Physical Education, and
Recreation, Washington, D.C.,
1969.

Bancroft, Jesse, Games, The Mac-
millan Co., 1937.

Blake, O. William, and Volpe, Ann
M., Lead-Up Games to Team
Sports, Prentice-Hall, Inc.,
1964.

Chapman, Fred M., Recreation
Activities for the Handicapped,
Ronald Press, 1960.

Directory of Camps for the Handi-
capped, National Easter Seal
Society for Crippled Children
and Adults, 2023 West Ogden
Avenue, Chicago, Ill. 60612,
1967.

Donnelly, Richard J.; Helms, Wil-
liam G.; and Mitchell, Elmer D.,
Active Games and Contests,
second edition, Ronald Press,
1958.

- Farina, Albert M.; Furth, Sol H.; and Smith, Joseph M., *Growth Through Play*, Prentice-Hall, Inc., 1959.
- Gilb, Stella, *The Gilb Revised Card File of Games*, Hurst Publishing Co., Lexington, Ky., 1962.
- Handicapped Girls & Girl Scouting*, Girl Scouts of the U.S.A., 830 Third Avenue, New York, N.Y. 10022, 1968.
- Harbin, F. D., *The Fun Encyclopedia*, Abingdon Press, Nashville, Tenn., 1960.
- Hindman, Darwin, *Complete Book of Games and Stunts*, Prentice-Hall, Inc., 1956.
- How We Do It Game Book*, American Association for Health, Physical Education, and Recreation, Washington, D.C., 1964.
- Leontiev, Valerie V., *Recreation for the Handicapped*, Prentice-Hall, Inc., 1955.
- Orlick and Mosley, *Teacher's Illustrated Handbook of Stunts*, Prentice-Hall, Inc., 1963.
- Pomeroy, Janet, *Recreation for the Physically Handicapped*, The Macmillan Co., 1964.
- Practical Guide for Teaching Mentally Retarded to Swim*, A, American Association for Health, Physical Education, and Recreation, Washington, D.C., 1969.
- Schwartz, Alvin, *A Parent's Guide to Children's Play and Recreation*, Collier Books, 1963.

Organizations for the Handicapped

- American Association for Health, Physical Education, and Recreation, 1201 16th Street NW, Washington, D.C., 20036
- Association for the Aid of Crippled Children, 345 East 46th Street, New York N.Y. 10017
- Disabled American Veterans, P.O. Box 14301, Cincinnati, Ohio 45214
- Library of Congress, Division for the Blind and Physically Handicapped, 1291 Taylor Street NW, Washington, D.C. 20542
- Muscular Dystrophy Association of America, 1790 Broadway, New York, N.Y. 10019
- National Association of Training Schools and Juvenile Agencies, 5256 North Central Avenue, Indianapolis, Ind. 46220

National Easter Seal Society for
Crippled Children and Adults,
2023 West Ogden Avenue,
Chicago, Ill. 60612

National Education Association,
1201 16th Street NW., Washing-
ton, D.C. 20036

Social and Rehabilitation Service,
U.S. Department of Health,
Education, and Welfare, 330 C

Street SW., Washington, D.C.
20201

The President's Committee on Em-
ployment of the Handicapped,
Department of Labor, 14th
Street and Constitution Avenue
NW., Washington, D.C. 20210

United Cerebral Palsy Association,
Inc., 66 East 34th Street, New
York, N.Y. 10016

In Appreciation

The Boy Scouts of America wishes to thank Chester A. Swinyard, MD, PhD, for his technical assistance in preparing the original manuscript and serving as consultant during the writing of *Scouting for the Physically Handicapped*. Dr. Swinyard is professor of Rehabilitation Medicine of New York University Medical Center and a staff associate of the Association for the Aid of Crippled Children.

We also express our sincere appreciation to the Association for the Aid of Crippled Children, New York, N.Y., for a contribution that helped make publication of this pamphlet possible. Robert Slater, MD, president of that association, also gave valuable assistance as a consultant.

Further appreciation is due the Middlesex Rehabilitation Hospital, North Brunswick, N.J., its administrator Maurice Dorsen; Evelyn Friedman, OTR; and Winifred Regan, RPT, MA, for sharing their equipment, facilities, and technical knowledge with us.

Appreciation is also due to the following Scouters who gave the benefit of their experiences in leading handicapped Scouts: John Batikis, Racine, Wis.; H. C. Griffin, Falls Church, Va.; William Kenny, Rosemont, Pa.; James C. Moise, North Brunswick, N.J.; Richard Peipher, Elwyn, Pa.; Blaise Scavullo, Philadelphia, Pa.; Norman Schober, Milwaukee, Wis.; and Gerard A. Smith, Havertown, Pa.